requires that the death certificate be executed within 24 hours after death. Page 4

may be retained by the hospital or ottending physician.

TO FULLAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely fapaged and be detached for use as the busial-transit permit. Then please remove carbon papers. Paga VS A15 (4) TSM 9/55

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

		117	CERTIFIC	AIE OF DEATH		R	eg. Dist, Ne		
0.	ace of DEATH COUNTY Baltimore		MARYLAND	2. USUAL RESIDENCE (Who state Maryland		b. COUNTY BALLI		re odmission ity)
1	CITY OR TOWN (If outside corporate limi RURAL and give nearest lown) Catonsville	ls, write c. L	ENGTH OF STAY IN 16	Baltimor			AL and give ned	aresi lown)	V
7 0	NAME OF HOSPITAL (If not in hospitol, or institution House in the Pin			d. STREET ADDRESS	t Lomb		reet	e, IS RESIDI	4 RMZ
D	AME OF FIECEASED ype or print) John J. Ac	kerman	Middle	Lost	4. DATE OF DEATH	January	30	*	58
5. \$1	Male White	7. MARRIED [NEVER MARRIED	9. DATE OF BIRTH Jan. 16-188]			UNDER I YEAR	Hours	24 HRS. Min.
]	USUAL OCCUPATION (Give kind of work during most of working life, even if retired LINES – Man	done 10b. KIND		one Baltimor	re Mar		US.		OUNTRY
	ATHER'S NAME Edward Ackerman			Mary Rice					
15. 1	VAS DECEASED EVER IN U. S. ARMED FOI		- 40	innie E.Badi		Address -1701 W	.Balti	more	St.
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c Conditions, if ony, which gove rise to immediate cause (o), stoling the <u>under-</u> lying cause lost.	adva	bral her	recteusure + a	Throm	frais derotes		ERVAL BETW SET AND DI 29 A	
FICATION	PART II. OTHER SIGNIFICANT CON			T NOT RELATED TO THE TERMIN			IN PART 1(o)	PERFORM	TOPSY AED? NO
CER	OR CONTRIBUTING CAUSE OF DEATH	200. DESCRIBE	HOW INJURY OCCUR	ED. (Enter hotors of intory the	01110110111	or nem re.,			
MEDICAL	20c. TIME OF INJURY Month, Doy, Ye Hour o.m. p. m. 19	While		LACE OF INJURY (Home, form, octory, street, office bldg., etc.		lown)	(County)		(State)
21. I certify that I attended the deceased fram, 10 Upril, 1956, to 30 Jan, 1958, that I last alive on 30 Jan, 1958, and that death occurred at 10 PM, from the causes and an the deceased fram, 1958, and that death occurred at 10 PM, from the causes and an the deceased fram, 1958, and that death occurred at 10 PM, from the causes and an the deceased fram, 1958, that I last alive on 30 Jan, 1958, tha									
220.	PHYSICIAN'S MAME (Type) EM11 H. He BURIAL, CREMATION, 22b. DATE THEREO REMOVAL (Specify) BUT181 Feb. 3. UNLEGAL DIRECTOR'S SIGNATURE	1958	Jr. E. NAME OF CEMETERY New Cathe ADDRESS 1300 Euta	deral Cem.	Baltin	4 6 8 5			
4	r.B. Wippert		TOO Euta	w Place DATE FE	-				

6351 7 81

Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution). Residence before admission) c. CHY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES INO I Month Year. Day IF UNDER 1 YEAR! IF UNDER 24 HRS Months Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES T NO 17 (County) (Stote) ____that I last saw the deceased causes and an the date stated above. DATE SIGNED 22d. LOCATION (City, town, or county) (Stote) 24b. REGISTRAR'S SIGNATURE

DATE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CENTRICATE OF DEATH

BUREAU V. E.

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4 35		-		MIO			Reg. Di	ist. No.
with ge		4	1.	PLACE OF DEATH	2. USUAL RESI	DENCE (Where deceased	l lived. If institution: Resider	nce before admission)
Po dire	143	1		Baltimore County MARYLAND	o. STATE	Mid	b. COUNTY Ba	1+ 0-to
the for		/		b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16	c. CITY OR 1	TOWN (If outside corpor	rote limits, write RURAL and	give negrest town)
fune fune				RURAL and give nearest town) Mt. Wilson. Maryland 2 4 2 4 5	F	3/11/12	11 11	3401-11
the f		-		d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET A	DDRESS	1 E 11.	le. IS RESIDENCE
S 0	1	12		Mt. Wilson State Hospital	100	West 3	1101	ON A FARM?
20.0			2		007		1025	YES NO
7 3				NAME OF DECEASED Middle	A los	OF	Month	Day Year
fill fill des				(Type or print) Melvin theo dore	Ande	YSON DEATH	Jan.	2/ 19-5
ely Po			5. 5	6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	Н	A A A A A A A A A A A A A A A A A A A	R I YEAR IF UNDER 24 HR
Diet C				Male WIDOWED DIVORCED D	7-13	5-0'/	5.0 yrs.	Days Hours Min.
ami	Ę		10a	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPL	ACE (Stole or foreign co	unity) 12. CIT	TIZEN OF WHAT COUNT
o c	death	-		Crane Oberator Shipund	W	ash. D.	C	USA
a a	in in	1	13.	FATHER'S NAME	14. MOTHER'S	MAIDEN NAME		C:0-17-
ciar.	0	9	1	Robert C. Andersor	1 1	Pontri	ce	
ifice	onc	-	15.		NFORMANT	JEU 111	Address	
ld B	۲. ج	0.0	(Yer	L PO. Of URENOVED a Of use also must be about of carried		records. M	t. Wilson Sta	te Hospital
ding ding	n Z				10001001	2000200, 11	0 11220011 0 00	TOO HOODE VALE
ded ten	Ę			1B. CAUSE OF DEATN [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	- 1	11.	,	INTERVAL BETWEEN
- 0 0 C	=			IMMEDIATE CALISE (A)	al	TEMOY	Yhage	25m
부 축도	& <			331X DUE TO		· ·		
£ 5.	è			Conditions, if any, which) (b)				
ire mex	5			gove rise to immediate couse (o), stating the under-				
sign.	2			lying couse last.				
Sicio Gen	0		Z	PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMINAL DISEASE	CONDITION GIVEN IN PAR	T 1(p) 19. WAS AUTOPS
or by	D A	2	FICATION					PERFORMED?
ng I	E		IIFK	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED). (Enter noture of	f injury in Port I or Port	U of item 18.1	113 M NO L
ndi cot	ō		CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
othe striff	, E		3		CE OF INTERVA	Home, farm, 20f. (City	an Inumi	
₹ 5. ° 8	afi		ă	Hour a. p. While Not while foc	tory, street, office	bldg., etc.]	or rown) (t	County) (State
itoli ito	e .		×	p. m. 19 of work of work				
ING asp filer ad F	=			21. I certify that I attended the deceased from	6. 19.56	10 Jan 2	195 Sthat 1	last saw the deceas
Sche A	in in			alive an 2 an 21 125 & and that death	occurred at	10 40 M, fram	the causes and an ti	he date stated abo
# 0 to	9			8 3 000			eet, city or town, state)	DATE SIGN
A P P P	ō			SIGNATURE Villiam Clivtimer	Mt. Mt.	Wilson, Ma	rvland	
O SE	۵	1					-4	
A po d		2		PHYSICIAN'S NAME (Type) William Newcomer, M.D.	Sup	erintendent		
SP SP	50	İ	220	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF			ION (City, town, or county)	(64-1-4
may FUR	-	12		REMOVAL (Specify) 1-24-58 While Co	- A (1.	7	11	(Stole)
5 500	da .	X	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	20 CEN	24a. REC'D BY REGISTR		ARYKING
VS A15 (4	9	4		McCollas Funeral Nover 130E. Fota	e,	DATE IAN 2 3 15		LLLA

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within 24 hours ofter death. certificote the death that TO HOSPITAL OR

10 VS A15 (4) 15M 9/55

City

e, IS RESIDENCE ON A FARM? YES NO P

Year Day 19 IF UNDER 1 YEAR IF UNDER 24 HRS Min.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH EREBRAL VASCALAR DISFAS

PERFORMED? YES NO

(State) (County)

1955 that I last saw the deceased and that death occurred at 10:00 P.M. from the causes and on the date stated above. DATE SIGNED

(Stote)

24a. REC'D BY REGISTRAR

24b. REGISTRAR'S

DATE

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Traveforced from Highland Maner.

BUREAU V. E.

W3 V 1828

DECENTED

VS A15C 1-55 10M*

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CERTIFICATE OF DEATH

221			Reg. [Dist. No					
1. PLACE OF DEATH		2. USUAL RESIDE	ENCE (HOME) OF DECEA	SED					
Baltimore	MARYLAND	STATE Maryland COUNTY Baltimore							
CITY (If outside corporate limits, write RURAL OR end give nearest town) TOWN OWINGS MILLS	LENGTH OF STAY (in this piece) 5 VPS.	CITY (If outside corporate limits, write RURAL and give riserest town) OR OWINGS MILLS							
HOSPITAL OR INSTITUTION OR STREET ADDRESS 21 Church Road	, , , , , , , , , , , , , , , , , , , ,	STREET ADDRESS 21 C	Mrurel give locel	ion)					
DECEASED	Middle)	Bachmann	4. DATE (Month) OF DEATH Jan,	(Dey) (Yeer) 29 ₁ 58					
5. SEX 6. COLOR OR 7. SINGLE, MARRIE WIDOWED, DIVID	DRCED, 8. DATE		9. AGE lest birthdey FU	hs Deys Hours Min.					
oe. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Secretary [Masor.]	of Business INDUSTRY Lodge	Baltimor	reign country) e Maryland	12. CITIZEN OF WHAT					
13. FATHER'S NAME		14. MOTHER'S MAIDE	N NAME	·					
Tanif of Danhaum		Elise Ke	ern						
	SOCIAL SECURITY NO. 7-14-9556	1 . 17. INFORMANT &		Mills Md.					
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CI	RTIFICATION		INTERVAL BETWEEN ONSET AND DEATH					
	onary Thro	mbosis		2 HBS					
NUE TO		tic Cardio V		YEARS					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. DISEASE OR CONDITION CAUSING DEATH.	tes Mellit	us		YEARS					
196. DATE OF OPERATION 196. MAJOR FINDINGS	OF OPERATION			20, AUTOPSY? YES NO X					
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	, ferm, fectory, ffice bidg., etc.)	21c. WHERE DID INJURY OCC	EUR? (City or town)	(County) (State)					
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. While M. et wo		21f. HOW DID INJURY OCC	CUR?						
22. I hereby certify that I attended the decea alive on 19.58 and SIGNATURE 23. BURIAL, CREMATION, REMOVAL (SPECIFY) BUILD Feb. 1 /58	that death occurred M.D. NAME OF CEMETERY C	48 Main 81.	/	pare signed					
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	Thruta Mia	25. FURERAL DIRECTOR		ADDRESS					
DATE JAN 31 58 RULLANIA		De Tilly of	Patrick Inc.	Dalto Co. Me					

CERTIFICATE OF DEATH

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VS A15 (4) 15M 9/SS

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BUREAU V. F

DECENTELL STATES

TIMONIUM MARYLAND

246 REGISTRAR'S SIGNATURE

24a REC'D BY REGISTRAR

MAY'S

ADDRESS

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o COUNTY

NAME OF

5. SEX

DECEASED

MALE

NO

BURTAL

23. FUNERAL DIRECTOR'S SIGNATURE

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		MAKI	LAND	SIAIE DEPA	KIM	ENI OF H	EALIF	1—BAL	HMORE, I	8	- 1	102	209		
		*	224	CERTI	FIC/	ATE OF D	EATH	1		Reg. Dist		/ () N	,00		
	PLACE OF DEATH	····				2. USUAL RESI	DENCE (WH	ere deceose	d lived If institution			odmiss	ion)		
	Baltin	ore		MARYI	LAND	a. STATE	rylan	đ	P COUNTA	Be	1-t-i	more). <i>a</i>		
	b. CITY OR TOWN (If RURAL and give ner	autside carporate limi	ts, write	c. LENGTH OF STAY	IN 16	c. CITY OR I	TOWN (If o	outside carpo	rate limits, write RL	JRAL and gi	ve neor	est lawn)		
_	Fort H	loward		7 Days		Bal	timor	е			2 h	*	-yer		
	OR INSTITUTION	AL (If not in hospital, g		•		d. STREET A	DDRESS			e. IS RESIDENCE ON A FARM?					
_		ıns Adminis	trat:	on Hospita	1	611	Cumb	erland	Street			YES 🗌	NO-E		
	NAME OF DECEASED	fir	st	Middle	-	las	1	4. DATE OF	Mant	h	Doy	1	Year		
	(Type or print)	VERNON	1 -	E.		RBOUR		DEATH	January		9		1958		
ο.	SEX	6. COLOR OR RACE		ED NEVER MARRIE		B. DATE OF BIRTI			9 AGE (in years last birthday)	Months I		Hours	R 24 HRS		
l De	Male	Colored	WIDOWE		_	October	31,1	918	39 yrs.						
	during most of worki	ing life, even if relired	Th.	KIND OF BUSINESS OF	יטעאו א	SIRY II. BIRIMPL	ACE (State	ar fareign o	ountry)				COUNT		
13.	FATHER'S NAME		PU	blic Schoo	T D	Idg. Ball			yland	U.	S.	.A.			
	Edward Bar	hour													
5.	WAS DECEASED EVER		CES? 16.	SOCIAL SECURITY NO.	17. 1	Lilli:	ari l'iei	rcer	Addre	14					
(Ya	Yes	f yes, give wor or dates of s	ervice)	20-05-9273			Vot	Adm IIo	spital,Ft						
_				e far (a), (b) and (c).]	, 0.	LIIVILEC.	160.3	Senil Pare	SOTUME	- nowa		VAL BE			
	PART 1. DEAT	H WAS CAUSED BY:	CLAT			NEPHROS	TERMS	STS			ONSE	TAND	DEATH		
	444	MMEDIATE CAUSE (o									UNKNOWN				
	Canditions, if an	w which t	HXI	ERTENSIVE	CARI	DIOVASCU.	LAR D.	iseasd			UM	CNOW	N		
	gave rise to im Couse (a), stating t	mediate {								-M	-				
	lying couse last.	le augus.)												
Ž	PART II. OTHI	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO	THE TERMI	NAL DISEASI	CONDITION GIVE	N IN PART	1(a) 19.	WAS A	UTOPSY		
3											,		RMED?		
KTIF	200. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A	UNDERLYING	20b. DESC	RIBE HOW INJURY OC	CURRE	D. (Enter nature a	f injury in E	Part I or Part	II of item 18.)			-			
ני ני															
Š	20c. TIME OF INJURY	Month, Day, Yes	or 20d. IN While	JURY OCCURRED Not while	20e. PL/ fac	ACE OF INJURY (I stary, street, office	lome, form	, 20f. (City	or lown)	(Co	ounty)		(State		
MEDI	p. m.	19	at work	at work				i							
	21. I certify the	of Valtended the	deceose	d from Janua	ry_2	19.58	, lo.Iar	wary	9, 1258_	XEGOOG	XIXXX	ZUA.	XXXXX		
	SULT XXXXXXX	XXXXXXXXX	NAME OF THE PERSON	and that	deoth	occurred ot.	5:404	M, fron	the couses a	nd on the	e dote	state	d abov		
	ACTUAL O.	115	1			****			reet, city or town, s		- 4		TE SIGN		
	SIGNATURE	18411/6	10	~		M.D. VAH	FURT	HUWAH	D, MARYL	MD	1/3	9/58	,		
	PHYSICIAN'S NAME (Type) C	UTEN MET T	A NT N	r n											
20	BURIAL, CREMATION	HIEN WET I			YERY C										
	REMOVAL (Specify)	1-14-58	•	22c NAME OF CEMEN					ION (City, tawn, as			(State)		
	Table And Control			Daltinon	rei	iati ona i		HO IT	imore Ma	7777 1 97W	ri				

Baltimore National

23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRE Chas. R. Law Mortuary, 802-04 Madison Ave. Balto. 1, May 1/1 1 3 '58

Baltimore Maryland

240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

TO HOSPITAL OR VS A15 (4) 15M 9/55

DEVENUE & S. V. V.S.

DATE

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Wm. Cook-Blight Inc. 6000 Harford Rd

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BUREAU V. S.

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OF A MESSELLA FOL

228 CERTIFICATE OF DEATH TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page but be detached for use as the burial-transit permit. Then please remove carbon papers. Page and 2 should be filed with the region to burial, cremation, ar removal, and in any event within 72 haurs after death. VS A15 (4) 15M 9/SS

00211

_								Reg. Dist	t. No.	17 -4. 30,
1	PLACE OF DEATH o. COUNTY BE	ltimore	MARYLAND	- 11	USUAL RESIDENCE (Who o STATE Mary)		lived. If institution b. COUNTY	n. Residence Balt		
	RURAL and give ne	f outside carporote limits, writerest tawn) SSOX (21)	e. LENGTH OF STAY IN 16	5	Essex (2)	- 1	ote limits, write RU	RAL and gi	ve neares	st tawn)
	d NAME OF HOSPIT OR INSTITUTION	Al III not in hospital, give str 1111332 Homber	eet address) E AVC e	i	d. STREET ADDRESS 332 Homb	erg Av	76.			IS RESIDENCE ON A FARM? YES NO X
3.	NAME OF DECEASED (Type or print)	find Myrtle Ba	Middle Lumer		East	4. DATE OF DEATH	Month January	_	Doy	Yeor 19 58
	Female	White WIDE	MARRIED MEVER MARRIED DIVORCED DIVORCED	J	une 14,1909		lost birthday) 48 yrs			UNDER 24 HRS. Hours Min.
100	during most of work Housewif	ing life, even if refired)	106. KIND OF BUSINESS OR INC	USTRY	Harylan		untry)		ZEN OF	WHAT COUNTRY!
13.	FATHER'S NAME			14	MOTHER'S MAIDEN NA	AME				-
1.5	Willi				Barbara Hor	n				
(4	is, no or unknown)	R IN U. S ARMED FORCES? (If yes, give wor or dates of service)		INFOR			Addre	55		
_	NO CAUSE OF DEA	TH [Enter only one couse po	None	<u> </u>	n Baumer S	sme_	and the second		LINITERU	I AA BETILIMEN
		TH WAS CAUSED BY:	(c), (d), (d), and (c),	3.					ONSET	AND DEATH
	147	DUE TO	war p		7				-	
	Conditions, if or	^	mitation	1.	- low	e .			1/2	-1. "
	gave rise to in	nmediate (- VI					1	m
	lying cause lost.	le)							9	,
CATION	PART II. OTH	ER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BE	JT NOT	RELATED TO THE TERMIN	IAL DISEASE	CONDITION GIVE	N IN PART		WAS AUTOPSY PERFORMED?
L CERTIFI	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING (1) 206 (1) CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCUR	RED (Er	nter nature of injury in Po	ort I or Part	11 of item 18)			
MEDICAL	20c. TIME OF INJURY Haur a.m. p. m.	WI WI	d INJURY OCCURPED 20e hile Not while work at wark	PLACE (lociory,	OF INJURY (Home, farm, street, office bldg., etc.)	20f (City	or lown)	(Cc	aunty)	(Stale)
	21. I certify th	at I attended the dece	eased from Falu	,	, 195 6 to Q	1~ 1	19.01	that I le	ast saw	the deceased
	alive on	an 6 , 1	9.5. 2., and that dea	th acc	A 44		the causes ar			
	ACTUAL SIGNATURE	Robert C). Ly den.	_ M.D.			oet, city or town, st		1/4	DATE SIGNED
	PHYSICIAN'S NAME (Type)	()		_			and the time of time of the time of time of the time of time o			1 7 1
22(BURIAL, CREMATION REMOVAL (Specify)	, ,	22c. NAME OF CEMETERY				ON (City, town, or	county)		(Stote)
	Burial	1/10/58	Holy Receme	er C			:0., Md.			
1	JUNERAL DIRECTOR'S	. Therete blow	ADDRESS		240. REC'D	BY REGISTR		RAR'S SIGN	NATURE	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

EULLAU V. S.

US VIEDEL

00212

227 CERTIFICATE OF DEATH Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o COUNTY o. STATE b. COUNTY MARYLAND dal timore faryl and Raltimore b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negresh town) Yrs. Fikesville d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Colonial Road Colonial Road YES NO 12 NAME OF Middle 4. DATE Month Year DECEASED OF DEATH PHILIPP BECK Jan. (Type or print) 10 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS P. AGE (In years lost birthday) Doys Hours DIVORCED [Male WIDOWED [7] 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Poultry Poultry Business MARYLAND U.S.A. Dealer 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Phillip Beck Harsberg 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Maryland Ruth Rd., Pilesville Beck Colonial 18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSEL AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO Conditions, if any, which gove rise to immediate **DUE TO** cause (a), stating the underlying couse lost, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 17. WAS AUTOPSY PERFORMED? YES TI NO I 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20d. INJURY OCCURRED Year (County) (Stole) foctory, street, office bldg., etc.) Hour a. p. While Not while ot work 🔲 ot work p. m. 21. I certify that I attended the deceased from .____, 1922,that I last saw the deceased and that death occurred at I DA M, from the causes and an the date stated above. ADDRESS (Street, ciff Palmer F.C. Williams. M.D. Fikesville 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d_LOCATION (City, town, or county) (Stote) REMOVAL (Specify) -6-195 western 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

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EULLIU V. Z.

[1] A :- 5 - 11

ADDRESS

24a. REC'D BY REGISTRAR

DATE JAN 2 7 '58

24b_REGISTRAR'S SIGNATURE

Wheaven

VS A15 (4)

23. FUNERAL DIRECTOR'S SIGNATURE

william Cook, Inc., 1217 St. Paul Street



1. 463	CERTIFICA	AIE OF DEATH	1	Reg. Dist. No.
1. PLACE OF DEATH. o. COUNTY Ballo	MARYLAND	2, USUAL RISIDENCE (WI	here deceased lived. If institution b. COUNTY	: Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write RUXAL and give nearest town)	440	Bulto	outside corporate limits, write RUI	RAL and give nearest town)
d. NAME OF HOSPITAL HANDT in hospital give street on INSTITUTION LUGSVULLY	oddiewi Free	3575 UN	quia av	e. 15 RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Mary (lizabeth	Bucker	4. DATE Month OF DEATH JUL .	12, Day Year 1958
Female White widow	- 176	B. DATE OF BIRTH	884 lost birthdoy) yrs	FUNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
100 USUAL OCCUPATION (Give kind of work done 101 during most of working life, even if retired)	b. KIND OF BUSINESS OR INDU	STRY 11. BIPTIPLACE (Store	or foreign country)	12. CITIZEN OF WHAT COUNTRY
13 FATHER'S NAME Seul	nec	Mulue	Peters	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [16] (Vel. no. or unknown) [17] (If yes, give wor or dotes of service)	5. SOCIAL SECURITY NO 17.	NFORMANT	Addres	18
18. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	line for (o) (b), and (c)]	elevotre	Heart	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which) (b)	0€	isure		172
gove rise to immediate couse (o), stating the under- tying couse lost.	340			
PART II. OTHER SIGNIFICANT CONDITIONS 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CO	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVE	N IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO 1
· ·	SCRIBE HOW INJURY OCCURRE	D (Enter nature of injury in	Port I or Port II of item 18.)	
Hour e.m. Whil		ACE OF INJURY IHome, farm ctory, street, office bldg., etc	, 20f. (City or town)	(County) (Slote)
21. I certify that I attended the decedative an Jacon 19 - 1, 19	sed from / //	1952, 10 fe-	1 '	that I last saw the deceased
ACTUAL SIGNATURE Earl L. Cham	lens desir		ADDRESS (Street, city or town, str	d an the date stated above parts signer
PHYSICIAN'S Ear/ Li Cham	best -	4108 Libert	4 Hts Balt	0,-md 1/13/s
220. BUR AL, CREMATION, 226 DATE THEREOF REMOVAL (Specify)	The glame OF CEMETERY O	R CREMATORY	22d LOCATION (City, town, or	county) (State)
23 FUNERAL DIRECTOR'S STENATURE	ADDRESS / HTL	11 Rel 240. REC'	D BY REGISTRAR 245 REGIST	RAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician.

IN FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled at by the funeral director, page 1 yeld be detached for use as the burial-transit permit. Then please remove carbon pages. Pages and 2 should be filed with the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death. VS A15 (4) 15M 9/IIS

PANTOTI.

(State)

ET 1 A. Z

DECEINED

death.

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certificote

HOSPITAL



BUREAU V. S.

NEW TENDER

VS A15 (4) 1SM 10/57

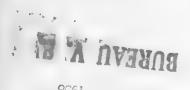
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00218

232 CERTIFICATE OF DEATH

Reg. Dist. No.

. 1	1	PLACE OF DEATH			MARY	LAND	2 USUAL RESI	DENCE (Who	ere deceased lav	d If institution b COUNTY	n: Residence	before adm	ission)
E	-	Baltin	OTO outside corporate limit	a vueita	c. LENGTH OF STAY		Maryl			Balti	more		
	RURAL and give nearest fown)					IN ID		imore	utside carporate	limits, write RL	JRAL and giv	e negrest to	wn) √
	d NAME OF HOSP TAL (If not to hatelful give threat address)						d. STREET A	DDRESS			<u> </u>	e 15 F	ESIDENCE
. 4	SPRING GROVE STATE HOSPITAL						2905	Ridger	wood Ave	€.		I ON	A FARM?
	F.	NAME OF DECEASED (Type or print)	Fire	ris	Middle		Los		4. DATE OF DEATH	Janua		2 ⁰ 9 ^y	Yeor 58
	5	SEX			RIED NEVER MARRI	60 TB	Bodl			GE (In man	IF UNDER TY	FAP IF IIN	
		Temale	white	WIDOW	ED DIVORCE	0 🗆	Feb. 🤌 🤅	. 1876	5	ost birthdoy) 81 yrs.		bys Hou	
	100	o. USUAL OCCUPATIO	N (Give kind of work ding life, even if retired)	one 10b	KIND OF BUSINESS C	R INDUST	RY 11. BIRTHPL	ACE (State o	or foreign count	γ)	12. CITIZI	N OF WH	AT COUNTRY?
		housewife			at home		0.0	2-1000 m 2-2-1			П	. S. A	
7	13.	FATHER'S NAME				14 MOTHER'S	MAIDEN N	AME			, 0, 1,		
	L	Unknown	Baumer			penendene		stine	Unknow	n			
	15.		IN U. S ARMED FORG		SOCIAL SECURITY NO	17 IN	FORMANT			Addre	ess		
		No.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Unknown	Sn	ring Gr	ove Re	ecords				
		18. CAUSE OF DEAT	TH Enter only one cou		ne for (o), (b), and (c).			SZ F SZ = 35				INTERVAL	RETWEEN
			TH WAS CAUSED BY: IMMEDIATE CAUSE (a)		rminal pne		a due t	.0				ONSET AN	D DEATH
		4221	DUE TO		_								
	Conditions, if ony, which) arteriosclerotic cardiovascular disease												
		gove rise to in couse (o), stoting to											
		lying couse last.	ne Unage-	CO.	neralized	anta	riogalar	onei e					
	z	PART II. OTH		DITIONS (ONTRIBUTING TO DE	ATH BUT N	OT RELATED TO	THETERMIN	VAL DISEASE CO	NDITION GIVE	EN IN PART 1	0 19 WA	AUTOPSY
	CATIC		ess of scal						-		574 174 1 2557 1	PERI	ORMED?
	CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH I	20ь DES	CRIBE HOW INJURY O	CCURRED.	(Enter noture o	finjury in Po	ort I or Part II a	f item 18.)			
	3	20c. TIME OF INJURY	Month, Day, Yea	r 20d. II	NJURY OCCURRED	20e. PLA	CE OF INJURY I	Home, form,	20f. (City or I	owni	(Cou	ntvl	(Stote)
	MEDICAL	Hour a.m.	19	While of wor	k ot work	focti	ory, street, office	bldg., etc.)			,		(5.0.0)
		21. I certify the	at I attended the		ed fram June	13	, 1955	, to Jai	nuary 2	7_, 1958	that I la	t saw th	e deceased
		alive an Janu	lary 27	., 125	$8_{-,-}$, and that	death	occurred at.	7:00	M, fram th	e causes a	nd on the	date sta	ted above.
			1 1	7 1	A			A	DDRESS (Street,	city or town, s	iole)		DATE SIGNED
1		ACTUAL SIGNATURE	Arlea	Wa	clider	М	.D						87,58
r		PHYSICIAN'S NAME (Type)	itella Wach	sler	. M. D.		Spr	ing G	rove St	ate Hos	pital		
	22 a	BURIAL, CREMAT ON REMOVAL (Specify)	, 226 DATE THEREO		22c. NAME OF CEME	ETERY OR	CREMATORY		22d. LOCATION	(City, lown, or	r county)	(St	ote)
		Burial	1/30/58		Balto.	Com.			В	alto., 1	Md.		
	23	SUMERAL DIRECTOR'S	SIGNATURE	4	ADDRESS	In D	17/4	A	BY REGISTRAR N 2 9 '58		TRAR'S SIGN	ATURE	
	-							-		1 24~ 1	4 - 2000000	-	





V\$ AT5 (4) 15M 10/57 00219

CERTIFICATE OF DEATH

lea.	Dist.	No
rafir	DIST.	INU.

1	o. COUNTY	-		MARYLAND	2.	usual residence (when state Marvland	ere deceased	b. COUNIY	a.lt.1m		nussion)
+	Baltime	outside corporate limi	ts, write c. !	LENGTH OF STAY IN 16		E. CITY OR TOWN (IF o	utside corpor				own)
1	RURAL and give ne				$\parallel \times$	Rockdale					
-	d. NAME OF HOSPITA	AL (If nat in hospital, i	ive street oddr	'ess)	1,	d STREET ADDRESS				e. 15	RESIDENCE
,	3402 F	rview F	2003			3402 Fair	view	Road			NA FARM?
	3. NAME OF	Fu		Middle		Lost	4. DATE	Man	èla	Day	Year
	DECEASED		Boach	mous		6031	OF DEATH	Jan. 1	1. 19	58	19
1	5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. D/	TE OF SIRTH		9. AGE (In years last birthday)			
ı	M	W	WIDOWED [DIVORCED [3	/25/1901		56 m	Months D	oys Hou	rs Min.
3											AT COUNTRY?
_		lroad	El	ectrician		Missou			U	SA	
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME											
	Benjam:	ln Bosch	1			MANA	Cora				
	5. WAS DECEASED EVER	IN U. S. ARMED FOI		IAL SECURITY NO. 17.	INFO	MANT		Add	ress		
1	No	No	505	.24.4724	Or	pha Bosch	3402	Fairv	lew R	a. '	7
F	18. CAUSE OF DEA	TH [Enter only one co	use per line fo	or (a), (b), and (c)]						INTERVAL	BETWEEN
	PART IL DEA	TH WAS CAUSED BY.	. C.	PRONARY	-	THROMBO	515			ONSET AND DEATH	
	1/20	DUE TO				17/20:100				UNE	
	Condition is a	. /	,								
4	Conditions, if or	nmediate	,	· · · · · · · · · · · · · · · · · · ·							
1	cause (o), stoting (the under-)								
	lying couse lost.) (c	DITIONS CON	TRIBUTING TO DEATH 80	IT NO	SELLTED TO THE TENER	ALL DISTASI	CONTRICTOR	TALLEL BART	V-120 W	LS AUTOPSY
	PAIRT II. OTH	EK SIGNIFICANT CON	IDITIONS CON	FRIBUTING TO DEATH 80	JI NOI	KETATED TO THE TERMIN	NAL DISEASI	CONDITION GIV	EN IN PART	PEI	RFORMED?
		S HINDERIVING FI	30h DESCRIBI	E HOW INJURY OCCUR	DED (E.	ter seture of injury in f	Part I or Part	II of item 18 t		YES	ПиоП
- 1	OR CONTRIBUTING	CAUSE OF DEATH	200 DESCRIBE	E NOW INJOK! OCCOR!	CD. (E)	new actions or injury in t	GITT OF TOT	i or tiem to.j			
	20c. TIME OF INJUR	Month, Day, Ye	ar 20d. INJUR	RY OCCURRED 20e.	PLACE	OF INJURY IHame, form.	, 20f. (City	ar tawn)	[Co	unty)	(State)
	20c. TIME OF INJURY	19	While of work	TAOL MUITS	rociory,	street, office bldg., etc.	1				**
		at I attended the		- Pro- 1 - 41.4 A	' _Y	, 19.55, Ja. S	any	47/1, 1957	that I la	st saw th	ne deceased
	alive on_	nevery//	. 19 53	and that dea	h oc	curred at 6345	M. from	the couses o	ind on the	date st	ated abave.
	0	/.	n .	,				reel, city or town,			DATE SIGNED
	ACTUAL SIGNATURE	way of	cerpo	rt,	_ M.D.	82046	ICERT.	Y PL, BA	407	Md	1/12/58
	PHYSICIAN'S NAME (Type)	PWIN L	PIER	PONT, M.D	i i				0.1	, ,	1
2	Zo. BURIAL, CREMATIO	N, 226. DATE THEREC	OF 22	c. NAME OF CEMETERY	OR CR	EMATORY	22d LOIGAT	JON LE ty town, o	or county) ''	15	itale)
	Burial	1/14/	8	Woodlawn				Voodlaw		Hd	
2	3. FUNERAL DIRECTORS		-	ADDRESS		24o. REC'I	D BY REGIST	RAR 24b. REGI	STRAR'S SIGN	NATURE	129
	John T.	Stansbury	6411	Windsor 1	Mil	1 DATE		- C).	1		
E							TET O I				





TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 havrs ofter death. If any delay is necessary, please ever cute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Pages 4 should be

VS. A 5M

	1		MARY	AND S	TATE DEPAR	TME	NT OF H	EALTH	-BALT	MORE,	18			
		,	235 ^{MI}	EDICA	L EXAMINE	R'S	CERTIF	ICAT	OF D	EATH	Reg.	Dist. N	$\frac{102}{102}$	21
_	1,	PLACE OF DEATH					2. USUAL RESE	DENCE (Wh	ere deceased					iu on)
		Pa	altimore		MARYE	AND	o. STATE	Md		b. COUNT	Y Bal	ltim	ore	
12/		and give nearest lown	outside corporate timits, write)	e RURAL	c. LENGTH OF STAY I		c. CITY OR T	FOWN (If a	utside corpore	ste limits, write	RURAL o	ind give i	nearest la	wo)
		Stevens	on		14y		Stev	ensor	n_					
10			ser Road	if not in hoss	oital, give street address)	/d. STREET AC		Road					A FARM?
	3.	NAME OF DECEASED	Fig	rst	Middle		Last	4.	DATE	Mont	h	Doy	1	feor
		(Type or print)	Mary	P	aige	Bra	wley	-	DEATH	Jan.1	7,18	958	1	19
	5.	SEX	6. COLOR OR RACE	7. MARRIE	D 🖪 NEVER MARRIED	8.	DATE OF BIRTH	1000	9.	AGE (In years				ER 24 HR
		Female	White	WIDOWED	DIVORCED [ב £	lug.27,	Ta08		gsi birthday)	Months	Days	Hours	Min,
	10	o. USUAL OCCUPATION during most of working HOUSEV	ON (Give kind of working life, even if relired)	done 10b, K	IND OF BUSINESS OR II	VOUSTR	II. BIRTHPLAC	CE (State or	foreign coun	try)	12. C		S.	COUNTR
	13	L FATHER'S NAME					14. MOTHER'S M	AAIDEN NA	ME					
		Charles	s Plumley				Ka	te Br	right	well				
		. WAS DECEASED EV	ER IN U. S. ARMED FO		OCIAL SECURITY NO.	17. IN	FORMANT			Address				
	1	No	(If yes, give wor or dotes of	2	13-18-1101	J HE	arry E.	Braw?	ley,S	tevens	on, l	id.		
			TH [Enler only one court H WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	2.4	mshot			- [-	Win	Bace	e of	INTE	RVAL BETW ET AND DE	EEN AIH L
	,	Conditions, if a gove rise to immed (a), stating the couse lost.	diote cause	5m	ental 9	Sur	nero)					5-10	1.42
0	IFICATION	PART II. OTH	Sm	- rol	NTRIBUTING TO DEATH						EN IN PA	' '		AUTOPSY ORMED?
	CERT	PRIMARY TO OF COL	AIKIBUTING [1]	Short	therself	th	ru l-	ral of	1 spn	UE 41	1056	ut)	Gorn	
	MEDICAL	Hour o.m.		While	Not welle k of work	PLAC foctor	E OF INJURY (Hory, street, office b	ome, form(oldg., etc.)	201. (City or	/	Ba	lts		(Stote)
		21. I certify th	nat i took charge	of the re	emains described	abov	e, held an A	Autopsy	, Insp	ection 🔀,	Inqu	iry 🌠	, and	find the
	1	death resulted			, Accident ,	Suic	ide 📉 , Ho	micide [].		
		ACTUAL SIGNATURE). D. Con	plu	2		M.D. CHIEF ME	DICAL EXAM	AINER 🔲				DATE S	HONED
			1					T MEDICAL	EXAMINER [1		,	. / <>.	- /
	22	EXAMINER'S NAME (Type)	D. D. CA	PLI		N AT		AEDICAL EXA				/-	, ,	-58
		REMOVAL (Specify) Burial	Jan.20		22c. NAME OF CEMETER Druid Rid				Pike	City, fown,	e/, Mô	1.5	(5101	e)
		FUNERAL DIRECTOR		1000-4	ADDRESS		2	40. REC'D	M BEORINGS	246 REGI	STAYS.E.S	IGNATÚ	RE	
		Tank n.l	Jewell,Pi	kes Vl	TTG NIG .			DATE						

BUILLAU V. S.

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Many !!

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUBEAU Y. &

BECENA EN

Reg. Dist. No.

					vað. Dil	1, 110.	
1. PLACE (Baeto	MARYLAND	2. USUAL RESIDENCE (W	here deceased lived 1	. If institution, Resident b. COUNTY	e before odmission	n)
	OR TOWN (If outside corporate limits, write and give nearest town).	c. LENGTH OF STAY IN 16	c. CITY-OR TOWN (IF	autside corporate lie	write RURAL and g	ive nearest town)	
d NAM OR H	E OF HOSPITAL (If not in haspital, give street stitution)	9//01	d. STREET ADDRESS	ister	GVE	e IS RESIE ON A E YES	FARM?
3. NAME (DECEAS (Type or	ED	INEN BI	POPHVSR	4. DATE OF DEATH	Month 21	/	958
S. SEX	y W WIDOW		B. DATE OF BIRTH Det 14 180	9 AG lost	birthday) Months	1 YEAR IF UNDER Days Hours	24 HRS Min,
Grou	t OCCUPATION (Give kind of work done 10b most of working life, even if retired)	LIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stope	or foreign country)	Ju. 12 CIT	ZEN OF WHAT O	OUNTRY?
13. FATHER	eorge Guen la	3ropty.	14. MOTHER'S MAIDEN I	NAME	terlin	1.	
IS. WAS D	ECEASED EVER IN U. S. ARMED FORCES? 16 ninown) (If yes, give wor or deplets of service)	SOCIAL/SECURITY NO. 17.	ma Seo CE	rophy	Address A	esice-	-
1B. C	PART I. DEATH (Enter only one couse per limited in the per limited in	ine for (0), (b), and (c).] RR HOS/S	of the L	IVER		ONSET AND E	DEATH
COG!e	ditions, if ony, which rise to immediate (o), slating the <u>under-cause lost.</u>	CUTE H	EPATI	T15		40 4	Kals
	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CON	DITION GIVEN IN PART	1(a) 19. WAS AI PERFOR YES	MED?
WEDICAL CERTIFICATION SECONDARY CCIDENT WAS UNDERLYING TO 20b. DE ONTRIBUTING CAUSE OF DEATH HER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I or Part II of i	item 18.)			
20c. TU	lour a.m. While		ACE OF INJURY IHome, form ctory, street, affice bldg, eld	, 20f. (City or tov	vn) (C	ounty)	(State)
21. I alive	certify that I attended the decea	sed fram Sept 7	7	M, fram the	, 1958, that I I	ast saw the d	
ACTU/ SIGNA	TURE 7-5 Clas	faut	м.в. 6210	ADDRESS (Street, c	ity or fown, state)	DAT	TE SIGNED
PHYSH	CIAN'S A.S. CHA	WLFANT	Bal	time	ne 12	hy.	
	L CREMATION, 226. DATE THEREOF VAL (Specify)	E Pren M	Count	22d. LOCATION (City, town, or county)	md (Stote)	
23. FUNER	AL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC DATE	PAN REGISTRAB	24b REGISTRAR'S SIG	NATURE	

in by the funeral director, and 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The flow requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page wild be detached for use as the burial-transit permit. Then please remove carbon pages the regurgar prior to burial, cremation, or removal, and in any event within 72 hours ofter death; VS A1S (4) 15M 9/5S

BUREAU V. K.

DEALER EN

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

238 CERTIFICATE OF DEAT

L			430	CERTIF	-ICA	IE OF DEA	AIF	1		ı	Reg. Dis	t. No.		
1.	PLACE OF DEATH	Baltimore		MARYL	AND	2. USUAL RESIDENCE O. STATE MA		land	b COUN		Residenc			ion)
	b. CITY OR TOWN (I RURAL and give no	f outside corporate limi	ts, write	c. LENGTH OF STAY IN	N 16	c. CITY OR TOW	N (If o	utside corp	orate limits, writ	e RUR	AL ond g	ive nec	arest fown	1)
Ł	_Catonsvi.	lle		3 days		🔀 Baltimo	ore	, Mar	yland					
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g	ive street	oddress)		d STREET ADDR	ESS						e IS RES	FARM?
	SIRING G	ROVE STATE	HO	SPITAL		Chromi	ne i	Road	- Reste	rst	own,	Md	YES [
3.	NAME OF DECEASED	Fir	s)	Middle		Last		4. DATE	,	Month		Da	у	Yeor
-	(Type or print)		hn	George		Brown		DEATH			uary	2		19 58
5.	SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	8	DATE OF BIRTH	- 0		9 AGE (In year lost birthdo		Months	1 YEAR Doys	IF UNDE	R 24 HRS Min.
	male	white	WIDOW	-					87	yrs				
100	during most of work	ON (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPLACE	(Stote	or foreign o	ountry)		12. CITI			COUNTRY
12	railroad FATHER'S NAME	worker				Mar	2					U.	S.A	•
13.	_					14. MOTHER'S MAI								
15	Louis B	POWN R IN U. S. ARMED FOR	cero lu	SOCIAL SECURITY NO.	Tra - 164	Mary	An	ne My						
(Ye		If yes, give wor or dates of s			_					Address				
=	no	P-		unknown	Rec	ords: SPI	RIN	G GR	OVE ST	ATE	HO	SPJ'		
		THE LETTER ONLY ONE CO		ne for (o), (b), and (c).	P. 1	Jan nua							ERVAL BE	
		IMMEDIATE CAUSE (o	,	ute cardiac	191	Ture						-		
	400.1	DUE TO		rterioscler	n+in	on add over	c mi] n m = d-1	50050					
	Conditions, if a gove rise to in	nmediote (T cer modrer	0010	Cardiova	ocu.	Lai u.	Locase			-	-	
	couse (a), stating I lying couse last.	the under-		rterlosclen	กราร	. general	ຳຂອ	d						
Z				CONTRIBUTING TO DEAT					E CONDITION	GIVEN	I IN PART	1(0) 1	9. WAS	AUTOP5Y
ĬŽ													PERFO YES 🗀	RMED?
CERTIFICATION	20g. ACCIDENT WA	S UNDERLYING	20b. DES	CRIBE HOW INJURY OC	CURRED.	(Enter noture of inju	ry în F	Port 1 or Par	rt II of item 18.)					110
	(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)												
MEDICAL	20c. TIME OF INJUR	Y Month, Day, Ye			Oo. PLA	E OF INJURY (Home	, form	20f. (Cir	y or lown)		(C	ounly)		(Stote)
MED	Hour a. n. p. m.	19	While of wor		FOCI	ory, street, office bldg	J., erc.	1						
	21. I certify th	at I attended the	deceas	ed from Dec	. 31	. 19 <u>57</u> , to		Jan .	2 10	58	that I b	met so	w the	decente
		an. 2		IA.		accurred at 7:1								
		\cap	, .	1 .			- 1	ADDRESS (S	treet, city or to-	wn, sto	ote)		DA	LTE SIGNE
	ACTUAL SIGNATURE	Sulla	Wa	choler	M	SPR_NO	G (GROVE	STATE	H	OSPI:	LAL	1-2	2-58
	PHYSICIAN'S NAME (Type)	Stella Wa	chsl	er, M. D.		Caton	svi	lle 28	B, Maryl	Lan	d			
1	BUR.AL, CREMATION	1-4-19	58	22c NAME OF CEMET	ERY OR	ilge	1	PHIOCA	TION (City, tow	n, or e	county)	/	(State	1-
23.	FUNERAL DIRECTOR	S SIGNATURE	1	ADDRESS	Į,	240.	REC'L	BY REGIS	TRAR 24b. RE	GISTR	AR'S SIG	NATUR	E ,	
	X6 111.0	vally 1	U	infield.	11	OAT	E	19.	16 /	11	116	Ans.	0/1	

may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page and be detached far use as the burial-transit permit. Then please remove carbon papers. Page and 2 should be filled with the resystran prior to burial, cremation, or removal, and in any event within 72 haurs after death.

VS A15 (4) 15M 9/55

TEN MOSFIFAL DI ATTEMBRE PHYBRIDAN: The law requires that the death certificate 🖺 executed within 21 hour after death. Tage

00225

-	239	CERTIFIC

CATE OF DEATH

	- 45		OLIVIII I	OMIL OI	PEATI	<u> </u>		Reg. Dist.	No.			
1. PLACE OF DEAT 6. COUNTY Balti	mo re		MARYLAN	II a-STATE-		ere deceased (b. COUNTY	Anne A				
b. CITY OR TOW RURAL and gi	IN (If outside corporate limits, ve nearest town) Howard		of STAY IN T		d P.C.		te limits, write R	URAL and give	nearest tav	vn)		
d. NAME OF HO OR INSTITUTI	OSPITAL (If not in hospital, give	street address)		d. STREET		70		5 - 5 - 12 E	e IS RE	SIDENCE A FARMS		
Veter	rans Administr	ation Mos	pital	Route	1, Bo	X 12] NO [
3. NAME OF DECEASED (Type or print)	OLAF First		Middle B.P.	BROWN	21	4. DATE OF DEATH	January	th	22	Yeor 1958		
5. SEX Male	T.D. 34	MARRIED NEV	VER MARRIED [9.	AGE (In years lost birthday) 50 yrs	Manths Do				
10a. USUAL OCCUP during most of Painter	ATION (Give kind of work dorworking life, even if retired) -Self emp.	Buildi		IDUSTRY 11. BIRTH	PLACE (State	or foreign cov			N OF WHA	T COUNTRY		
13. FATHER'S NAME				14. MOTHER	S MAIDEN N	IAME						
Olaf B.	. Peterson			Carvil	la Per	ckins						
Yes. No. or unknown)	EVER IN U. S. ARMED FORCE			7. INFORMANT Clin .Rec	.Vet.A	ldm. Hos	p.,Ft.H		ld.			
1B. CAUSE OF	DEATH [Enter only one couse	per line for (o), (l	b), and (c).]						INTERVAL B			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) CARCINOMA OF RIGHT LUNG WITH METASTASES TO										ONSET AND DEATH		
1 1	PUELTR	MEDIASI	INAL AI	ND PERI-AG	RTIC I	MMPH N	ODES,					
	if any, which) (b)_	ATRENAT	S AND I	PANCREAS					1 YEA	R		
	o immediate out to out											
	OTHER SIGNIFICANT CONDITIONS OF ASCENDIN		NG TO DEATH	BUT NOT RELATED	O THE TERMII	NAL DISEASE (ONDITION GIV	EN IN PART 1	PERF	AUTOPSY ORMED?		
20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING 20 ING CAUSE OF DEATH (IFY MEDICAL EXAMINER)	b. DESCRIBE HOW	INJURY OCCU	RRED. (Enter nature	of injury in P	ort 1 ar Part II	of item 18.)		_1			
Hour a.	IJURY Month, Day, Year ft. 19	20d. INJURY OCC While Nat w at work at wo	hile	PLACE OF INJURY foctory, street, offi			r lawn)	(Cov	nty)	(State)		
21. I certify	that ± attended the d	eceased from	Decemb	per_2419.5	. io.Jar	mary 2	2 1958	.,16%00063	XXXXXX	XXXXX		
90/G/30/C/C		XIVEXXXXXXX	and that de	ath occurred a	2:40/	M, from	the causes a	nd on the	date stat	ed above		
	1/1 - 11	1				•	et, city or town,	,	D	ATE SIGNE		
ACTUAL SIGNATURE		7 5 3		M.DVAI	i, Fort	' HOWAR	D, MARY	LAND	1/	22/58		
PHYSICIAN'S NAME (Typo)	CHIEN WEI LAN	. M.D.										
220. BURIAL CREMA REMOVAL (Soo BUTIAL	ATION, 226. DATE THEREOF	(1		Y OR CREMATORY Cemeter			ON (City, tawn, o		(Sta	ite)		
23. FUNERAL DIREC	TOR'S SIGNATURE	ADDR			_	BY REGISTRA		TRAR'S SIGNA				
John Ta	aylor & Sons.	Annapolia	Mary]	land	DATE	NI D 4 157	Can	1	1			

may be retained by the haspitol or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page that the detached for use as the burial-transit permit. Then please remarks carbon papers. Page and a shauld be filed with the regard prior to burial, cremotion, or removal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4

VS A15 (4) 15M 9/55



BUREAU K.

VS A15 (4) 15M 9/55

MARYLAND	STATE DEPARTME	NT OF	HEALTH—	BALTIMORE,	18
	CERTIFICA	TE OF	DEATH		

00226

		241	CERTIFIC	A 11	C OF DEATE	l .		Reg. D	ist. No.		
1. PLACE OF DEATH o. COUNTY	Balti	more	MARYLAND		USUAL RESIDENCE (WHO STATE Maryla		d lived If institution b. COUNTY	_	nce befo		sion)
b. CITY OR TOWN (RURAL ond give n	If outside corparate fimi earest fawn) TOWSO		c. LENGTH OF STAY IN 16		c. CITY OR TOWN (If o		erate limits, write Rt	JRAL ond	give nec	rest tow	n)
d name of hospi or institution	TAL (If not in haspital, g	onv.		1	d. STREET ADDRESS Hillsi	de Av	e.			ON I	SIDENCE A FARM? NO [X]
3. NAME OF DECEASED (Type or print)		n (St	Middle tanislaw) P.	Bu	gnaski	4. DATE OF DEATH	Mont Ja	h n.	Do	y 7,	Yeor 1958
5, sex Male	6. COLOR OR RACE White	7. MARE	RIED NEVER MARRIED DIVORCED DIVORCED	١.	pril 23, 18	375	9. AGE (In years last birthday) 82 yrs.	Months	R 1 YEAR Days	1F UND Hours	ER 24 HRS. Min
100. USUAL OCCUPATION during most of wor Maintenar	king life, even it relired)	kind of Business or Indi Black & Decker	JSTRY	11. BIRTHPLACE (Slote Poland		ountry)	12. C		A.	COUNTRY
13. FATHER'S NAME	Jnknown Bu	gnask	ci	14	i. Mother's Maiden N Mary	Unkn	ovm				
15. WAS DECEASED EVE (Yes no, or unknown)	R IN U. S. ARMED FOR (If yes, give wor or dates of s	ervice)			MANT Julia Mayna	rd Hi	Addr llside Av		ings	vill	e .id.
Conditions, if a gave rise to 6 cause (a), stating lying cause last. PART II. OT	the under-]	CONTRIBUTING TO DEATH BU	1 NO1	RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIVI	EN IN PAI	RT 1(o) 1	9. WAS PERFO YES	DRMED?
PART II. OT	AS UNDERLYING DEATH MEDICAL EXAMINER) LY Month, Day, Yes		Not white F	LACE	OF INJURY (Home, form, street, office bidg., etc.	, 20f. (City			[County]	113	(State)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	au T	12. CE	C. fost	M.D.	6 805 to		T 19NT in the causes a light, either time, s	nd an i			
220. BURIAL, CREMATIC REMOVAL (Specify)	Jan. 9,	1958	St. Steph		S	В	radshaw,	Md		(Sla	te)
23. FUNERAL DIRECTOR	s signature	7	ADDRESS 7 No. 1 (Bolo)	1	PAL DATEJAN	BY REGIST	12 \ /	TRAR'S SI	GNATU	RE	

BUREAU V. S.

DECEINAL DECEINAL

Reg. Dist. No.

				9
1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Mary	ere deceased lived. If institution: I	Residence before admission) Harford
b. CITY OR TOWN (If outside corporate limits, RURAL and give nearest town)	write c. LENGTH OF STAY IN 15		ulside corporate limits, write RURA	
Catonsville	2yrllmths2dys	Abdrde	en. Maryland	•
d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION		d STREET ADDRESS		e. IS RESIDENCE
SPRING GROVE STATE	HOSPITAL	519 S. Par	ke Street	YES NO
3 NAME OF First DECEASED (Type or print) Lawso		Burkins	4. DATE Month OF DEATH Januar	Day Yeor Y 11: 19 58
5 SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH	Local Inhabitation of the	UNDER 1 YEAR IF UNDER 24 HRS
male white w	IDOWED DIVORCED	Sept. 26, 18	80 767 yrs. M	onths Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work don during most of working life, even if refired) 120 OPET	105. KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (Stote of M	or foreign country)	12 CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
Vince Burkins		Unknown		
15 WAS DECEASED EVER IN U. S. ARMED FORCES	S? 16. SOCIAL SECURITY NO. 17. IT	NFORMANT	Address	
no	Unknown Re	cords: SPRIN	G GROVE STATE	HOSPITAL
PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a)	e per line for (q), (b), ond (c).] Bilateral pne	eumonia		INTERVAL BETWEEN ONSET AND DEATH
cause (a), stating the under- lying cause last.				
PART II. OTHER SIGNIFICANT CONDIT	Arteriosclerou	Lc cardiovascu	ılar disease	IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	6. DESCRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in P	art for Part It of Hem 1B.)	
20c. TIME OF INJURY Manth, Day, Year Moor o. jr. 19	While Not while for ot work at our work	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.		(County) (State)
21. I certify that I attended the dealive on Jan. 14 SIGNATURE Sulta M PHYSICIAN'S NAME (Type) Stella Wachs	Na chilir	occurred at 8:55a	LM, from the causes and ADDRESS (Street, city or town, state	nat I last saw the deceased on the date stated above. DATE SIGNED SPITAL 1-14-57
22a. BURIAL, CREMATION, 22b. DATE THEREOF	22L NAME OF CEMETERY OF		22d. LOCATION (City, town, or co	ounty) (State)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS/	24a)REC'E	AN ZEGISTRAR 24b: REGISTRA	e's signature.

n by the funeral directar, nd 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page a may be retained by the haspital at attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director page.

Figure 1 and 2 should be detached far use as the burial-transit perm t. Then please remaye corban pages. Page and 2 should be filed with the regard or prior to burial, cremation, or remayal, and in any event within 72 haurs after death.

SEE IN WAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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executed within 24 hours ofter death.

requires that the

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MEDICAL

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BUREAU V. S.

FOR STATE

HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINE. This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 thousable forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be also ned for your files.

TO FUL AL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the resolution of Health, at 15 Estignated agent, prior to barial, cremation, or removal, and in any event within 24 hours after scath.

VS A15ME SM 2757

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00231

			5 12 1 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11	(44 1-1	1 - 1	G U		Keg, L	hst. No.		-dia
PLACE OF DEATH	altimore		MARYE	- 11		ence (w		sed lived. If insti b. COUN	itulion Resid			inj
b. CITY OR TOWN ,	t autside corporate l'mits write	RLEAL C.	LENGTH OF STAY IT	N 1b	c CITY OR TO	OWN (III	outside car	parate limits, wri	te RURAL on	d give nec	orest fown)	
d. NAME OF HOSPIT	TAL OR INSTITUTION ("	net in hospital	l, give street oddress)		d STREET AD	DRESS.					e IS RES D	
3	021 Balder	Avenue	(Home)		1 3	3021	Balde	r Avenu	8		YES I	-
3. NAME OF DECEASED	First		Middle		Lost		4. DATE	Mor	ath	Doy	Yeor	
(Type or print)	HO	NARD _	ANDREW		CAIL	IS	DEATH	Jai	nuary	10	19	58
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	0. 0	DATE OF BIRTH			9. AGE (In years feet birthday)			F UNDER ?	
Male		WIDOWED A			ept. 10			72 yrs	Months	Days 1	Hours M	.171
during most of working Plumbar-	ON (Give kind of work doing life, even if retired) Master		of Business OR II			E (Stote o	_	ountry)		IZEN OF	WHAT CO	UNTRY
13. FATHER'S NAME					14. MOTHER'S MA	AIDEN N	AME					
William	T. Callis				Jı	ulie	?					
15. WAS DECEASED EV	ER IN U. S ARMED FOR	CES? 16 SOC	IAL SECURITY NO		ormant mily rec	cord	В	Addre	n			
	TH Enter only one cous	e per ine for (a), (b), and (c).]				The same of the sa			MTERVA	AL DETWEEN	
PART I. DEA	TH WAS CAUSED BY:	Anto	riosclero	tio	Cardiovs	ເຂດນີ	lar Di	Sease.		ONSET	AND DEATH	
422	DUE TO		THISCHTO	940	04141016	LOUU.		DCGDG				
Conditions, If a	. /											
gove rise to imme	diote cause			****								
cause lost.	(c)											
PART II, OTH	HER SIGNIFICANT COND	ITIONS CONTR	BUTING TO DEATH	BUT NO	T RELATED TO TH	IE TERMIN	NAL DISEAS	E CONDITION G	IVEN IN PAS		PERFORM	OPSY ED?
	NTRIBUTING ET	DESCRIBE HO	W INJURY OCCURR	ED (Ente	er nature of injur	y in Part	l or Fort H	of item 18)				
20c. TIME OF INJUI	RY Month, Day, Year		RY OCCURRED 200	PLACE	OF INJURY (Hor	me, form,	20f (City	or town)	{Co	unty)	- (5	State)
Hour a.m.	19	While of work	Not while of work	lactory	, street, office bi	og., etc)						
	hat I taok charge			above	, held an A	utapsy	[X]	spection [Locui	ry 🗖.	and i	n my
	resulted fram: N				-		lomicide		ermined	, 	and the same	11 11.1
ACTUAL	Jan 1-	m	en		M.D. CHIEF MED	DICAL EXA	AMINER [DATE SIGN	
EXAMINER'S					ASSISTANT	MEDICA	L EXAMINE	R 📆		1/	10/58	P
NAME (Type)	Paul F.					EDICAL E	XAMINER [-
220 BURIAL CREMATIC REMOVAL (Specify) Burial	Jan. 14,		name of cemeter arkwood Ce					rkville,		land	(State)	
23 FUNERAL DIRECTOR	S SIGNATURE		ADDRESS	2.		la. REC'D	AND GEST	RAR 5 246 REG	STRAR'S SIG	SNATURE.	,	ater w
HOW INVIN	and Am	2-	Towson,	Mary	Land	ATE	of Miles and an arrange of the second	43				

OBVEDENTE NAI

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 () 1556 **CERTIFICATE OF DEATH** 246 Rea, Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) a. COUNTY og eq Baltimore **b.** COUNTY Maryland MARYLAND Harford funeral vid De.(b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Catonsville 3mths6dvs Harford, Md. d NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION
SPRING GROVE SPATE HOSPITAL d STREET ADDRESS IS RESIDENCE ON A FARM? 87 Fern Drive YES NO NAME OF 4. DATE First Middle Month Year DECEASED Caroline (Type or print) Carhart DEATH January 19 9. AGE (In years lost birthday)
84? yrs 5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS Months Doys female white WIDOWED IC DIVORCED | Feb. 1. ?? popers. 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) housewife Maryland U. S. A. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Thomas Unknown Have 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address ottending Unknown no Records: GROVE STATE HOSETTAT. please 18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). Forder ascular ander **DUE TO** artenosisticosis ۵ permit. Conditions, if ony, which ! gove rise to immediate DUE TO couse (a), stating the underfying couse lost PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO. 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) MEDICAL 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f (City or town) 20d. INJURY OCCURRED Doy, Year (County) (Stote) Hour o. m. factory, street, affice bldg., etc.) Not while at work at work 21. I certify that I attended the deceased from Dec. 6 ... 19.57, ta Jan. 24, 1958, that I last saw the deceased Jan. ___, and that death occurred at 6:00p.M, from the causes and an the date stated above.

Washer MD

ADDRESS

22c. NAME OF CEMETERY-OR-CREMATORY

Stella Wachsler, M. D.

22b. DATE THEREOF

SPRING GROVE STATE

Catonsville 28, Md.

24a, REC'D BY REGISTRAR

DATE FER 1 0

22d. LOCATION [City, Jown, or county]

REGISTRAR'S SIGNATURE

DATE SIGNED

(State)

DIRECT Ð 0

ACTUAL SIGNATURE

PHYSICIAN'S

NAME (Type) 220, BUR AL CREMAT ON.

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

death.

within

3 V MY MALL



CERTIFICATE OF DEATH 914

00232

L	691		Reg. Dis	t. No.
	PLACE OF DEATH COUNTY BALLO : MARY	(LAND STATE)	here deceased lived. If institution Psidence b. COUNTY	te before admission)
)[b CITY OR TOWN (If outside corporate limits, write BURAL and give nearest town)	10 T	outside corporate timits, write RURAL and a	ive nearest town)
	d NAME OF HOSPITAL If not in hospital, give street oddress) OR INSTITUTION OR INSTITUTION	d. STREET ADDRÉSS	le aven	e. IS RESIDENCE ON A FARM? YES NO 4
	3. NAME OF DECEASED (Type or print) Willer O. Midding Of Co.	erter	4. DATE Manth OF DEATH	Day Year 1950
	6. COLOR OR RACE 7. MARRIED NEVER MARRI	· 1 June 30	94 C3 yrs. Manths	1 YEAR IF UNDER 24 HRS Days Haurs Min.
1		les. ma	. 0	ZEN OF WHAT COUNTRY
	Lov. W. Carter	14. MOTHER'S MAIDEN N	ru Ford	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 14 yes, gras not or delegation rucel 15 (If yes, gras not or delegation rucel)	Mary C	arter - 60	ane)
	18. CAUSE OF DEATH [Enter only one couse per one for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	o Ocelus	rein	INTERVAL BETWEEN
	Conditions, if ony, which) DUE TO Cardio Va	Salen Visco	a C Cirinary	34 xa
	gave rise to immediate cause (a), stating the under-lying cause last. DUE TO (c)	cilley.	0	
1	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE	y rostato	292 gear	PERFORMED? YES NO 4
- 4	OR CONTRIBUTING CAUSE OF DEATH	CCURRED, (Enter nature of injury in		
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While Nat while at work of wark	20e PLACE OF INJURY (Home, form foctory, street, affice bldg., atc), 20f. (City or tawn) (C	ounty) (Stote)
	21. I certify that lattended the deceased fram. L. and that	death accurred at 30/	M, from the causes and on the	ast saw the decease te date stated above
	SIGNATURE Edict 10 plue on)		ADDRESS (Street, city or town, state) Orreder Ca	DATE SIGNE
	PHYSICIAN'S ELIOT W JOHNSON	MD 1	Solt nu 29	MQ
1	200 BURIAL CREMATION 226 DATE THEREOF 22C. NAME OF CEM 1 SEMOVAL (Specify) 15/58 COCK	Mulsome	22d LOCATION (C. n. lown, or county)	(State)
1	PUNEFAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS	28 240. REC'I	D BY REGISTRAR 3 246 REGISTRAR'S SIG	MATURE

by the funeral directar, d 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after dooth. Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has lleen signed by the attending physician and campletely fill page.

Juld be detached far use as the burial-transit permit. Then please remave carbon papers. Page the registra prior to burial, crematian, or remaval, and in any event within 72 hours after death. VIII A15 (4) 15M 9/55

BUNEAU V. &

RÉC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

carban þ Ξ. any 3.5 **burial-transit** 2 FUNE 0 VS A15 (4)

filed a

å

should

within

NAME OF

DECEASED

Male

Yes

5. SEX

Wm. Cook-Blight, Inc. 6009 Harford Rd., Balto. 14 MPANTAN 1 Kirschenbaum Funeral Home, Coney Island Ave., Corner Ave. J. Brooklyn,

BUTENU V. S.

. : AI NAL

DECENTE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 249

CERTIFICATE OF DEATH

00234

-										,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	1. PLACE OF DEATH O. COUNTY BE	altimore		MARYL	AND	2 USUAL RESIDENCE (VO. STATE Maryls	Where deceas	ed lived. If institution b. COUNTY		ce before o		on)
	b CITY OR TOWN (f outside corporate limi	ts, write	c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN (I	f outside corp	orota limits, write RI	URAL and g	ive neares	t town)	
	Anneslie (I	Balto. 12)			ĺ	Anneslie' (Balto	. 12)	1			
	d. NAME OF HOSPIT OR INSTITUTION 922 Over?	AL (If not in hospitol g	ive street i	oddress)		d STREET ADDRESS	Overk	rook Road	1		IS RESIG	FARM?
	3. NAME OF	fir	st	Middle		Lost	4. DATE	Man	th	Day	Y	ar
	(Type or print)	ARTHUR				HERRY	OF DEATH	Januar	ry 15,	,	19	58
	s sex Male	6. COLOR OR RACE White	7. MARR	IED 🔯 NEVER MARRIED DIVORCED	141	october 2,	1884	9. AGE (In years play birthday) yrs.	Months		UNDER lours	Min
j	100. USUAL OCCUPATIO	ON (Give kind of work	done 10b	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLACE (SIO	ote or foreign	country)	12 CIT	IZEN OF V	WHAT (OUNTRY?
	Master Sgt.			S.Army		North Car			US	SA		
	13. FATHER'S NAME					14 MOTHER'S MAIDEN	NAME		1			
	Unl	mown				Unknown						
	15. WAS DECEASED EVE	R IN U. S ARMED FOR		SOCIAL SECURITY NO	17 IF	FORMANT		Adde	'ess			
	Yes	WW I			Но	norable disc	charge	papers				
	PART 1. DEA			Jorph, (b), and (c) I were M	ci Na	ular Fil	bill	strong of) Tue	ONSET	AND (WEEN DEATH
	gove rise to i couse (o), stoling lying couse lost.			to aci	te	attack of	4 ne	writis	,			
,	PART II OTI	HER SIGNIFICANT CON	DITIONS C	ONTRIBUT NG TO DEAT	TH BUT	NOT RELATED TO THE VER	MINAL DISEA	SE CONDITION GIV	EN IN PAR	1(a) 19. \	WAS A	UTOPSY MED?
				····					.,	YE	ES 🔲	NO 🔲
	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER	296. DESC	TRIBE HOW INJURY OC	CURRED) (Enler noture of injury i	in Port I or Po	rt It of ilem (B.)				
	20c. TIME OF INJUR Hour a. m. p. m.	Y Manth, Doy, Yes	While	NJURY OCCURRED Not while of work	lOe PLA foc	ACE OF INJURY (Home, for tory, street, office bldg , e	erm, 20f (Ci	ly or town)	(0	County)		(State)
	actual signature PHYSICIAN'S NAME (Type)	at I attended the	12	and their comments		M.D. 630	ADDRESS (im the causes of street, stry or town.	and an the		stated DAT	d abave.
	270 BURIAL, CREMATIC REMOVAL (Specify) Burial	Jan. 20.	1958	Baltimore		crematory ional Comete		ATION (City, lown, o		vland	(Stote)	
	23 SONERAS DIRECTOR	SIGNATURE	1	ADDRESS	2.6		C'D BY REGIS	100 000	STRAR'S SIC	SNATURE		
	H1111/16	MARIA X	000	ZTowson	, Ma	ryland DATE	JAN 2 0	,28 COO	7 20	LUM		

BULLEAU V. S.

636: C' NV:

1		MARYLAND STATE DEPA	RTME	NT OF HEALTH	-BALTI	MORE, 18		
4 56		- 801		TE OF DEATH			g. Dist. No.	00235
Page 4 director, ited with	1. [RACE OF DEATH ROSewood State Training Sch COUNTY Baltimore MARY		USUAL RESIDENCE (WHO STATE Maryla		ved If institution is b. COUNTY	Residence before Cecil	e odm ssron)
eath lead		CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		c. CITY OR TOWN (IF o		e limils, write RURA		rest fown) (
the fun should	0	wings Mills, Maryland 6 mont	hs	Elk Mills		61	Xia	
		OR INSTITUTION Sewood State Training School		d STREET ADDRESS Maryland				ON A FARM? YES NO X
24 ho		NAME OF First Middle		Last	4. DATE OF	Month	000	
fille	5 5	Type or print) Lois Janett	-	Clark	DEATH	<u></u>	30	19 "
wath Pe	3 4	MARKIED I WEYER MARKE		10/21/53	9	last birthdoy) Ma	onths Days	Hours Min
ampl apers ih.	10a	USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OF			or foreign coun	fy. yrs.	12. CITIZEN OI	F WHAT COUNTRY
execund cal		during most of working life, even if retired)		North Car	olina		U.S.	A.
on on arbai	13	FATHER'S NAME		14. MOTHER'S MAIDEN N	AME			
icate rsicio	20	Vaughn Clark		Ruth L. Ph	illips			
erlif g ph remo	IS.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. no. or unknown) [If yes, give wor or date of service]		Rosewood Rec	owde	Address		
oth o nding ion 7		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]		HOSEWOOG HEE	07.02		Lucie	Politic Desired
with with		PART 1. DEATH WAS CAUSED BY:		ower			ONSI	ET AND DEATH I MONTH
the the went		045.4 IMMEDIATE CAUSE (a) Bac111ary D	ABATTA	CT.V				at morion
a the		Conditions, if ony, which) (b) Arnold Chia:	ri Sy	ndrome				
germit.		gave rise to immediate cause (a), stoling the under-						
cian cian and and	z	lying couse lost. (c)	THE BUILD AND	OT DOLLATED TO THE TRANS				
e fav	ATIO	PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA	BUIN	OF RECALED TO THE TERMIT	NAC DISEASE C	ONDITION GIVEN I	N PART 1(a) 19	PERFORMED?
IAN: The ending p ficate ho the buri	CERTIFICATION	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED	Enter nature of injury in P	ort t or Part II	of item 18.)		YES NO
PHYSIC al or alt this certri r use as emation,	MEDICAL	20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while at work at work	20e. PLACI foctor	OF INJURY (Home, farm, y, street, office bldg., etc.)	20f (City or	town)	(County)	(State)
NG Spits I cr		21. I certify that I attended the deceased fram		19 to		. 19 .th	at I last sa	w the deceased
RND he ho				ccurred at4:20 8				
ATT by the detailed		ACTUAL AL B R HE I		A	DDRESS (Stree	t, city or town, state)	DATE SIGNED
Direct Direct Id be prior		Johny M. 1 Suller	M.C	Rosewood S	tate T	raining S	chooT	1/30/58
		PHYSICIAN'S NAME (Type) Harry G. Butler, M.D.						
HOSPITAL ay be reto FUNERAL age 3		BURIAL CREMATION, 226 DATE THEREOF 22c, NAME OF CEME	TERY OR C	REMATORY	22d. LOCATIO	N (City, town, or co	univ)	(Stote)
o HOS may b o FUN poge the ree		SUPIAL 2-2-50 CLAPH		MeTery	L2N.		,,	N.C.
VS A15 (4)	23. (PUNERAL DIRECTOR'S SIGNATURE ADDRESS	17	240_REC.D	BY REGISTRAL	246 REGISTRAL		
15M 10/57	-	J. J. Clim Dois Desturstown	· _//	DATE		your ear		



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DECEIVED

MARY	LAND STATE DEPARTM	MENT OF HEALTH	I—BALTIMORE,	11 11 11 11 11
Item 2. Film 3224.	25% /SE CERTIFIC	ATE OF DEATH	1	UU237 Reg. Dist. No.
1 PLACE OF PEATH OS EWOOD Stat		2 USUAL RESIDENCE (Wh	ere deceased lived. If instituti	ioni Residence before admission)
Baltimore	MARYLAND	o. STATE Marylan	b. COUNTY	City adaid
b CITY OR TOWN (If outside corporate limi RURAL and give nearest lawn)	nits, write c LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	utside carporale limits, write f	RURAL and give nearest lown)
Owings Mills, Mary	rland 19 yrs.	Baltimor	e, Maryland	4212 Tuscany Cou
d. NAME OF HOSPITAL (If not in hospital, g OR INSTITUTION	give street address)	d. SHEET ADDRESS.	Training/Scho	e. IS RESIDENCE
Rose good State Training		3000000	and the state of the state of	XXX YES NO NO
DECEASED	irst Middle	losi	4. DATE Mos OF DEATH	4
110	aren 7. married □ Never Married 😿	Gooper B. DATE OF BIRTH	al-	8 19 58 IF UNDER 1 YEAR! IF UNDER 24 HRS
Female White	WIDOWED NEVER MARKIED DO	6/15/26	9. AGE (In years last birthday) 21 yrs	Months Days Haurs Min.
10a USUAL OCCUPATION (Give kind of work	done 10b, KIND OF BUSINESS OR IND	USTRY 11 BIRTHPLACE (State		12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired	d)none	Maryla	nd	U.S.A.
13. FATHER'S NAME	110120	14. MOTHER'S MAIDEN N		Ogogua
Howard E	Cooper		Mabel Eigle	er
15. WAS DECEASED EVER IN U. S. ARMED FOR	RCES? 16 SOCIAL SECURITY NO 17.	INFORMANT	Add	lress
no l		Rosewood Re	cords	
18. CAUSE OF DEATH (Enter only one co		<i>t- t t</i>		INTERVAL BETWEEN ONSET AND DEATH
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	(0) [[]	re of respir	GHEN	
100 I DUE TO	70 1 2 11:	, / /		
Canditions, if any, which agove rise to immediate DUF TO	10 DYAIL 54 Ellin	9		
couse (a), staling the under-	angenifal bra!	in damage la	ature to be de	terminal of the back
PART II. OTHER SIGNIFICANT CON	NOTIONS CONTRIBUTING TO DEATH BE			VEN IN PART HOLLTO, WAS AUTOPSY
PART II. OTHER SIGNIFICANT CON 200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				PERFORMED? YES NO [2]
200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	206. DESCRIBE HOW INJURY OCCUR	ED. (Enter nature of injury in F	art I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Yes	ear 20d, INJURY OCCURRED 20e (While Not while	PLACE OF INJURY (Home, farm, actory, street, office bldg , etc.	20f (City or town)	(County) (State)
₹ p. m. 19	of work at wark			
21. I certify that 1 attended the				,that I last saw the deceased
alive on	, 12, and that deal			and an the date stated above
ACTUAL D PLY S	2: 16. a 1966 1	*	ADDRESS (Street, city or town,	stote) DATE SIGNED
SIGNATURE	me da com	_ M D		1/8/78
PHYSICIAN'S D. Rich . 4	inde hoers			
220 BURIAL, CREMATION, 22b DATE THEREO			726 LOCATION (City, town,	ar county) (State)
Cremation 1/10/5 23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			ACL STRÅR'S SIGNATURE
Mary Tuckner y Son	un- Wastle Pa Qu	191 -17 DATE		~ 1
			2 158 86' 2	such

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VS A15 (4) 15M 9/5S

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
050	CERTIFICATE	OF DEATH	

00238

253	GBITTIT TOP	TIE OF BEATH	F	Reg. Dist. No.
o. COUNTY Balline ore	MARYLAND	2. USUAL RESIDENCE (Whe o. STATE M &	re deceased lived. If institutions b. COUNTY	Residence before admission)
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest Jown)	igth of stay in 16	C. CITY OR TOWN (If our Baynes	tside corporate limits, write RUR	AL and give nearest lawn)
d NAME OF HOSPITAL (If not in hospital, give street address) 3024 6 alifornia Cu	·	Street Address	Ture ich.	e is residence on a farm? yes Kno
3. NAME OF U First DECEASED (Type or print) MARCARE	Middle T - C -	CORBIN	4. DATE Month OF DEATH	Day Year 3 O 19 5 8
Female White WIDOWED	DIVORCED [, , , ,	80 7/2 birthday) A	UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b, KIND C during most of working life, even if retired)	of business or indus	MH		7 CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME JOHN POPI	D	14. MOTHER'S MAIDEN NA	Let GA	Rec N
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) [If yes, give wor or dates of service]	SECURITY NO. 17. IN	Shu Tool	Jreen	pasture Ile.
18 CAUSE OF DEATH [Enter only one couse per line for (c PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	o), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which	cardio	- voscul	ar-renal c	Lie Jynot
gove rise to immediate cotts (a), stating the under-				
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIE 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE H OR CONTRIBUTING CAUSE OF DEATH USE THERE, NOTIFY MEDICAL EXAMINERS				IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO (X)
). (Enter noture of injury in Po		
	of while foci	CE OF INJURY (Home, farm, tory, street, affice bldg., etc.)	20f. (City or town)	(County) (Stole)
21. I certify that I attended the deceased from alive an Janus 29, 1958		accurred at 3, 30)		hat I last saw the deceased I an the date stated above.
SIGNATURE G. M. Back	ou ,		DDRESS (Street, city or town, sto	
PHYSICIAN'S A.M. BAC	15 N	***************************************	٥	
FEMOVADISpecify) 2-1-58		R CREMATORY 2	2d. LOCATION (City, town, or a	county) (Stote) Md
23. FUNERAL DIRECTOR'S SIGNATURE A. F. 1. ANS JON 830	DDRESS HARTON	R4 Rd. DATE-ECO	\ \ \ \ \	AR'S SIGNATURE

Z. V UALACE

BY WE WANT

246 REC'D BY REGISTRAR

JAN 2 0

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BEGISTRAR'S SIGNATURE

VS A15ME 5M 2/57 TUNERAL DIRECTOR'S SIGNATURE

EURELU V. S.

PER CELLARE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00240

	. 255		Reg. Dist. No.				
1. PLACE OF DEATH	Baltimore	MARYLAND	2. USUAL RESIDENCE (WH	ore deceased lived. If institution: b. COUNTY			
and give nearest tow	flouts de corporate fimits, write RUPAL of the SY1116	LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	ulside corporole limits, write RUR.	AL and give nearest town)		
	TAL OR INSTITUTION (If not in hospital Cherry Dell Rd.	(, give street oddrass)	d STREET ADDRESS 222 Cher	ry Dell Rd.	ON A FARM YES NO		
3 NAME OF DECEASED (Type or print)	Richard M. Dash	M ddle	Lost	DATE Month OF Jane	Doy Yeor 58		
5. SEX	6 COLOR OR RACE 7 MARR ED		Jan. 6, 189	4 1 14 14 1	INDER TYEAR IF UNDER 24 H		
during most of work	ON (G've kind of work done 10b. KINE pg life, even f retired)	Lyce Art	R 1	nd	2. CITIZEN OF WHAT COUNTS U .S .A		
13. FATHER'S NAME	7. Pash	iell	14. MOTHER'S MAIDEN NA	estrude	4		
15 WAS DECEASED ET	VER IN U. S. ARMED FORCES? 16 SOC		Mrs. Donna Zi	nlt. 222 Cherry	Dell Rd.		
	ediate couse (b)		rdiac failure sease chroni	c	INTERVAL BETWEEN ONSET AND DEATH		
PART II, OT	HER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT N	OT RELATED TO THE TERMIN	ALDISEASE CONDITION GIVEN I	PART 1(0) 19. WAS AUTOPS PERFORMED? YES NO.		
-	ONTRIBUTING 206 DESCRIBE HO	OW INJURY OCCURRED (E	nter noture of injury in Port I	or Part II of Item 18)			
20c. TIME OF INJU	While	Not while of work	CE OF INJURY (Home, form, ery, street, office bldg., etc.)	20f (City or fown)	(County) (State		
	hat I took charge of the rem resulted fram: Natural cau Low Market		, Suicide , Ho	micide , Undetermin	nquiry 77, and in mand monther 100 DATE SIGNED		
EXAMINER'S NAME (Type)	Geo. S. M. Kieffe		ASSISTANT MEDICAL DEPUTY MEDICAL EX	AMINER [7]	ans 1.1958		
220. BURIAL CREMAT (PEMOVAL ISPOCT) 23 FUNERAL DIRECTOR	JAN. 4/57 L	NAME OF CEMETERY OF	K CEM!	BALLO STRANGE TOWN, OF CO. Y REGISTRAR ZAB REGISTRAR	PI		
4/17/1	E FUNERAL PIR. 4	ICI EDMONI	DSON JOHN	1958 4.2	Hedricky.		

VS A15ME 5M 2 57

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f MEDICAL EXALITIES: This certificate shall be executed within 211 haurs after disath. If any delay is necessory, please the certificate, writing the word "pending" in pendit in Item, 18. Give Pages 1, 2, and 3 to the forneral director. Page 1 arwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be referred for your files. It DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the fire Board of Health, signaled agent, prior to burial, cremation, at removal, and in any event within 72 hours after affort.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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PECELVE NA S. 1953

	L	260 CER	HIFICATE O	r DEATH	Reg. (Dist. No.
1	1.	PLACE OF DEATH	2. USUAL	RESIDENCE (Where dec	eased lived. If institution, Resid	ence before admission)
· P	1	Baltimore M	ARYLAND O STAT	" Maryland	b. COUNTY Balt	imore
		b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF S	TAY IN 16 c. CITY		corporate limits, write RURAL one	
		RURAL and give nearest fown) Catonsville	У В	altimore		
		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		REET ADDRESS		e. IS RESIDENCE
9,		Ridgeway Manor Nursing Home	382	20 Oak Aver	nue	YES NO A
	3	NAME OF First Mi	ddle	Lost 4. DA	ATE Month	Day Year
		DECEASED (Type ar print) ROSE	V. DOI	NAHUE	ATH January	13 1958
	5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MA	ARRIED 3. DATE OF	BIRTH		ER TYEAR IF UNDER 24 HRS
	1	Female White WIDOWED N DIVO	RCED Oct.	9, 1874	83 yrs. Months	Days Hours Min.
"		USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINE during most of working life, even if retired)			ign country) 12. C	ITIZEN OF WHAT COUNTR
1 48		At home	C	onewago, J	Pennsylvania	USA
~	13	FATHER'S NAME	14. MOTH	HER'S MAIDEN NAME		
		Michael Dougherty		Mary McD	onald	
	15	WAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY			Address	
		No None	Raymor	nd J. Dona	hue-3820 Oak A	Avenue
		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and	(c).]		Λ /	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	71098/4	ROTIL	CaRULO	ONICE AND DEATH
		42 del DUE TO VASCUE	वा ।	15e45.	0	1
		Canditions, if any, which				5 7115
		gave rise to immediate outer Due TO				
	,_	lying cause lost. (c)				
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATE	ED TO THE TERMINAL DIS	SEASE CONDITION GIVEN IN PA	ART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	CERTIFI	200 ACCIDENT WAS UNDERLYING [] CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Y OCCURRED. (Enter not	ture of injury in Part t or	r Part II of item 18.)	
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED	20e. PLACE OF INUL	URY (Home, form, 20f.	(City or town)	(County) (State)
	MED	Hour a.m. While Not while at work of work	raciory, sireer,	office bldg., etc.)		
		21. I certify that I attended the deceased from	prum, 19/	60, 10 d	13 , 195 E, that	l last saw the deceas
			hat death accurred	Ph. 53	fram the causes and an	
			1		\$\$ (Street, city or/lown, state)	DATE SIGN
		SIGNATURE / lys () and	4 M.D. 3	6216K	morshmelle	Stelly 1/14
		PHYSICIAN'S				
		NAME (Type) Thomas E. Roach, M.D.	36	29 Edmond	lson Avenue	
	22	REMOVAL (Specify)	CEMETERY OR CREMATO		OCATION (City, town, or county	(State)
		Burial 1/17/1958 New C	athedral Ce			Maryland
37	23	FONERAL DIRECTOR'S SIGNATURE	** 14	240 REC'D BY RE		SIGNATURE
5		Ellsworth Armacost-4600 Liberty	Hghts.Ave	DATE DATE		LLE/K

VS A1 15M 9

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Z A CLUM

BUNEAU V. S.

BUREAU Y. L.

DECEINED

ADDRESS

Cumberland, Maryland

arvland

REGISTRAR'S SIGNATURE

24b

24a. REC'D BY REGISTRAR

JAN 2 2

0 VS A15 (4) 15M 9/55

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

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death.

MAN WALL AND V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



Wind Wind Will

1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	00251
		266 CERTIFICATE OF DEATH Reg. Dist.	
Poge 4	1. [PLACE OF DEATH O. COUNTY 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence o. STATE) b. COUNTY	
funeral funeral		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest form) CLOUD DULLE B. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest form) CLOUD DULLE M. C. LENGTH OF STAY IN 1b C. CALCHAD LLLE C. CALCHAD LLLE The state of	re nearest town)
havrs after in by the f		d. NAME OF HOSPITAL (If not in hospital, give three) address) OR INSTITUTION That third & Harriery 18 Hostfulls Farkway	e IS RESIDENCE ON A FARM? YES NO
in 24 ho filled in ges		NAME OF DECEASED (Type or print) RUSSELL SMITH ELLIS 4. DATE OF DEATH Jack.	3/ 1958
pletely press. Pag	1	male thate widowed DIVORCED (14431, 1898 100 54 yrs. Months 0	YEAR IF UNDER 24 HRS.
and cam on pape death.	3	regerrent & Marille name Lasting France New Luna W. Va	EN OF WHAT COUNTRY?
sicion ove corb		Charme P. Elkes 1 11. Morther's Maiden Name Jo. Dnieth	
th certifi ling phy se remo n 72 hou	15. (Ye	was deceased ever in U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT. 1. no. or unknown) (If yes, give wor or deteas of service) 72.5-25-2873 Wikdred L. Elfus -718-112-114	Mr Sakur
ottend ottend in plea t within		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ONSET AND DEATH
that the by the hit. The ny even		Conditions, if ony, which) DUE TO Conditions, if ony, which)	5day
an. signed sit permit and the an		gove rise to immediate code (a), stating the under-	
physicio physicio iol-tran noval, a	CATION	PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	(o) 19. WAS AUTOPSY PERFORMED? YES NO
tending ficate his five bur	L CERTIF!	200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
PHYSIC at at this cert in use as emation	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 20d. INJURY OCCURRED While of work of twork (Control of two	unty) (State)
hospit hospit After hed fo riol, cr		21. I certify that I attended the deceased from Du 2 , 19 8, to Sau 31 , 19 8, that I la alive on 29, 1951, and that death occurred at 9 M, from the causes and on the	st saw the deceased
ATTEN J by the ECTOR: Se detact or to bu		ACTUAL SIGNATURE ACTUAL M.D. M.D.	DATE SIGNED
retoined b		PHYSICIAN'S 6 Earl Bell & Bitting ? Line	
HOSPIT may be reposed a poged a the region	220	O. BUR AL, CREMATION, 276 DATE THEREOF 224 NAME OF CEMETERY OR, CREMATORY 22d LOCATION (City, town, or county)	- Miles
YS AIS (4) 15M 9/55	23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	ATURE
(7		

TO A CONTROL OF THE PARTY OF TH

James Eline & Sens, 10 Main St., Reisterstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A15 (4) 15M 9/55



VS A15 (4) 15M 10/57

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ARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
268	CERTIFICATE	OF	DEATH	

00253

Reg. Dist. No.

	1. PLACE OF DEATH o. COUNTY	al timore		MARYLAI	ND	2. USUAL RESID	Mary]		ed lived IF r b CO			ce before		ion)	
ŀ	b. CITY OR TOWN (If outside corporate limits, write			c. LENGTH OF STAY IN	1Ь	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						1 .			
1	RURAt ond give nearest town) Catonsville		9 days					avtand.	. "	9LTI			(19)		
,	d NAME OF HOSPITA	d NAME OF HOSPITAL (If not in hospital, give street address)		oddress)		d STREET A	DDRESS	7214	MAIN		1	e	1S RES	DENCE	
		GROVE ST	TE H	OSPITAL		4503		te Ava	HIME.	1719	NAU	UE		FARM?	
	3 NAME OF DECEASED	Fin	st	Middle		Los	1	4. DATE OF		Mont	h	Day	1	rear -	
	(Type or print)	Lou		Frances	-	Eulric	eh .	DEATH	l e	anu	lary	29	1	19 58	
-	5. SEX			HED NEVER MARRIED		DATE OF BIRTH			9 AGE (In lost birth		Months	1 YEAR I	F UNDE	R 24 HRS	
	female	white	WIDOWE			March L			14	yrs					
-	Buring most of work	ng lite, even if refired	done 10b.	KIND OF BUSINESS OR II	NDUST	1		_	country)					COUNTRY	
ŀ	housewif	<u>e</u>	1				laryla				U.	S. J	A .		
			-1	2	,	14. MOTHER'S		IAME							
ŀ	Paul Ge-	- No.		3-10-3254 SOCIAL SECURITY NO. 1	17 IN	FORMANT	ına			Addre					
		f yes, give wor or dates of s	ervicel	Unknown		cords:	SPRIN	NG GE	ROVE S	TAT	_	SPI!	ΓΔΤ.		
ŀ	IB CAUSE OF DEAT	TH [Enter only one co		ne for (o), (b), and (c),)										TWEEN	
	PART I, DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease														
	422.1	DUE TO	/												
	Conditions, if ony, which) Arteriosclerosis, generalized and severe														
		gove rise to immediate Course (a), stating the under-													
	lying couse fost. (c)														
	PART II. OTH	ER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEATH	BUT N	IOT RELATED TO	THETERMI	NAL DISEAS	E CONDITIO	N GIVE	N IN PART	1(0) 19.	WAS A	UTOPSY PMED2	
	<u>\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ </u>											,		ио₽	
	PART II. OTH	CAUSE OF DEATH	206. DESC	TRIBE HOW INJURY OCCU	JRRED.	(Enter noture of	injury in P	ort I or Par	t II of item 1	B.)					
	20c. TIME OF INJURY Haur o. m.	Month, Day, Ye	7 20d. IN While	JURY OCCURRED 20e	e. PLA	E OF INJURY (Fory, street, office	lome, form, bldg., etc.	20f. (City	r or town)		(C	ounly)		(Stote)	
	p. m.	19	at work	of work				1							
	21. I certify the	it I attended the	decease	ed from Jan.	21	19.58	, to d	Jan. 2	29, 19	58	that I k	ast sav	v the e	deceased	
H	alive an	an. 29	, 12_5	$8_{}$, and that de	ath	ccurred at	Q:30r	2M, fran	n the cau	ses an	d an th	e date	state	d abave	
	ACTIVAL	Stella	1110	clister					treet, city ar	fown, si	tate)		DA	TE SIGNED	
	SIGNATURE	stella	wu	custer	M	D. SPRIM	IG GF	ROVE	STATE	HO	SHIT	AL :	L - 30	- 58	
	PHYSICIAN'S NAME (Type)	Stella "	achsl	er, M. D.	Pille de Alexander	Cator	svill	Le 28,	Mary.	and					
	PREMOVAL (Specify)	1/31/5-8	ļ J	OAK LAV	V/	CREMATORY		BALLOCA	TION (City, II	own, or	county)	MC	Slote)	
1	VALLE DECTOR'S	When Gr	sell	ez, Ruelo	Ale	, nd	240. REC'D	BY REGIST		REGIST	RAR'S SIG	NATURE			

MI ATT - ME

BULLEAU V. S.

		269	CERTIFICA	AIE OF DEAIR	1		Reg. D	ist. No			
1. 9	PLACE OF DEATH	Baltimore	MARYLAND	2. USUAL RESIDENCE (WHO OF STATE	ere deceased	lived. If institution b. COUNTY	_	nce befo		ssion)	
t	RURAL and give nec	outside corporate limits, write irest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	Wood		URAL ond	give ne	prest tow	m)	
		L (If not in haspital, give street	address)	d STREET ADDRESS	s Man					SIDENCE A FARM?	
- 0	NAME OF DECEASED Type or print)	Fint Elmer	Middle Lee	Farlev	4. DATE OF DEATH	Mon Jar		Oc.	ייי קנ	Year 1958	
5. S	Mhlte	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	, ,	P. AGE (In years last birthday)		Doys	IF UND	DER 24 HRS.	
4	USUAL OCCUPATION during most of worki	(Give kind of work done 10b	KIND OF BUSINESS OR INDU			71 yrs. untry)	12. CI	TIZEN C	OF WHA	T COUNTRY	
_	ACT. INSUITATHER'S NAME	rance Agent	Prudential	Co Balti 14. MOTHER'S MAIDEN N		_Md			-		
15. Y	WAS DECEASED EVER	IN U. S. ARMED FORCES? Yes, give wor or dates of service)	SOCIAL SECURITY NO. 17.	I.j		F. Farl		7/	2 - 10	A	
	PART I. DEAT	H (Enter only one couse per I H WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO V. which)	Heart 9	. C. V.	ey deno			INT	ERVAL B	SETWEEN D DEATH	
	gove rise to im couse (o), stating the lying couse lost.	mediate (Pulmonary	Explore"	Berel	nectani			30	you,	
CERTIFICATION	6004	1. ulus	CONTRIBUTING TO DEATH BUT	buculos	,	CONDITION GIV	EN IN PAR	îT 1(o) 1	PERF(AUTOPSY ORMED?	
MEDICAL	20c. TIME OF INJURY Hour a. p. p. m.	Month, Day, Year 20d. While of wo	Not white fo	ACE OF INJURY (Home, form, clory, street, office bldg., etc.	20f. [City o	or town)	(County)		(Stole)	
	21. I certify the alive on	at 1 attended the decear	sed from, and that death		_M, fram	the causes a	nd an t				
	PHYSICIAN'S NAME (Type)	Louis	DALILAU	M.D. Tore	-4,2%	ec)	-ocs	tion	1		
220.	BURIAL CREMATION REMOVAL (Specify) Burial	Jan 34 39	20c. NAME OF CEMETERY OF REPORTS		22d. LOCATIO	ON (City, town, a Wood? a		-11fd	(Sto	ite)	
23	FUNERAL DIRECTOR'S	MUSCOS	ADDRESS 4204 Ridgew	4 5 5	BY REGISTR	AR 24b. REGIS		GNATU	RE		

TO HOSPITAL OR ATTENDING PHYSICIAN: The flow requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNE AL DIRECTOR After this certificate has linen signed by the attending physician and completely filled in by the fyneral director, page 3 ld be detached for use as the buriot-transit permit. Then please remove carbon papers. Pages did be should be filled with the reg. VS A15 (4) 15M 9/55

BRUINN A' E

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within 24 hours

MIREAU V. S.

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VS A15 (4) 15M 10/57

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MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
: 271	CERTIFICATE	OF DEATH	

CERTIFICATE OF DEATH

00256

			Keg. Dit	it. No.							
PLACE OF DEATH COUNTY Baltimore	Baltimore MARYLAND O. STATE Maryland b COUNTY Montg										
b CITY OR TOWN (If outs de corporate I RURAL and give nearest tawn) Owings Mills	imits, write c. LENGTH OF STAY IN 16	CITY OR TOWN (IF C	oulside corporale limits, write RURAL and g	rive nearest town)							
d NAME OF HOSPITAL (If not in hospital or institution Rosewood St. Tra:	l, give street address)	d. STREET ADDRESS 13724Maria	nna Drive	e. IS RESIDENCE ON A FARM2 YES NO							
3. NAME OF DECEASED (Type or print) Rob	First Middle ert Joseph Finn	Last	4. DATE Month Of January	25 Yeor 58							
5. SEX 6. COLOR OR RAC	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH Oct. 23 195	I have been a first and a firs	TYEAR IF UNDER 24 HRS Doys Hours Min.							
100 USUAL OCCUPATION (Give kind of wo during most of working life, even if retire and the state of the state	rk done 106 KIND OF BUSINESS OR IND		gton, D. C.	ZEN OF WHAT COUNTRY							
13. FATHER'S NAME		14 MOTHER'S MAIDEN N	NAME								
Capt. John L. Fir	าทา	Frances	Tipton Jones								
15 WAS DECEASEDEVER IN U. S. ARMED F. (19s., no or unknown, (1f yes, give war or dotes)	ORCES? 16 SOCIAL SECURITY NO 17	INFORMANT Spital Records	Rosewood State Tr.	gs Mills, Md. School							
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE	Bilateral Pneumon	nitis		INTERVAL BETWEEN							
Conditions, if any, which agave rise to immediate cause (a), stating the under-	(b) Rubella Rube	rota		4days							
lying cause last.	(c)										
	ONDITIONS CONTRIBUTING TO DEATH BE Congenital Heart D		NAL DISEASE CONDITION GIVEN IN PART	1(a) 19 WAS AUTOPSY PERFORMED 2. YES NO							
OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINES											
20c. TIME OF INJURY Month, Day, Havr a. m. p. m.	, 20f. {City or town} (C	ounty] {State}									
21. I certify that I attended the deceased from Jan 20 , 19 38, to Jan. 25 , 19 that I last saw the deceased											
alive on January 25	PA PA										
	ADDRESS (Street, city or fown, state) DATE SIGNED										
SIGNATURE Viola B.											
PHYSICIAN'S NAME (Type)		Rosewood S	tate Tr. School	1/25/58							
20. BURIAL, CREMATION, 22b. DATE THER BURE-Transit 1/27/			nd. LOCATION (City, town, or county) Hollidaysburg, P	(Stole) ennsylvania							
23. FUNERAL DIRECTOR'S SIGNATURE RObert A. Pumphre	ey-Bethesda, Maryl	and 240. REC	D BY REGISTRAR 246 REGISTRAR'S SIG	NATURE							



RUEERU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUILLY V. S.

MINTER!

MEALTH DEPT PREDICEL EXEMINER: This certificate should be the percit in the percit i

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00258

			A 413							Reg. Dist. N	0.	
	7. P	LACE OF DEATH D. COUNTY	Baltimore		MARYL	AND	2 USUAL RESIDENCE (M	here decease		y Baltim		
	b	and give nearest town	colgate (24		c LENGTH OF STAY IN	N IIb	Colgate		orole limits, write	RURAL ond g ve	necrest (own)	
5	ď	NAME OF HOSPIT		f not in hos	pital, give street address)		d STREET ADDRESS	stre	et		S RESIDEN E ON A FARM? YES NO T	
		NAME OF DECEASED	Fin	if the state of th	Middle		Losi	4. DATE	Mentl	h Doy	Year	
		Type or print)	Marthe	Mad	aline Fi	sher		DEATH	Janua	ry 9.	19 58	
	5. S	EX	6 COLOR OR RACE	7. MARRIE	NEVER MARRIED	□ 8 ·	DATE OF BIRTH		9 AGE (In years foot brithday)	IF UNDER TYEAR	the state of the s	
		Female	White	WIDOWE	DIVORCED		July 5, 1912	2	45. yrs	Months Days	Hours Min.	
	10a	USUAL OCCUPATION	ON (Give kind of work of	ione 10b K	CIND OF BUSINESS OR IN	NDUSTR'	TH BIRTHPLACE (Stote	or foreign co	ountry)	12 CITIZEN C	E MHAT COUNTRY	
	u	Tai	g life, even if retired)		Clothing		Ohie			U. S	2 A.	
	13.	FATHER'S NAME					14 MOTHER'S MAIDEN N	IAME	W. Islami, Bayer			
		Vi	rgil Schważ	196			2 3	2				
ì			ER IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO.	17, INI	ORMANT .	•	Address	. •	•	
		No	(in her dise mot on soils of		67-14-1271	J	ohn R. Fishe	er	Same			
ı		18. CAUSE OF DEA	TH [Enter only one cou				000			INTE	RVAL BEIMEEN	
		PART 1. DEAT	TH WAS CAUSED BY:	1	01100111	A	O Celu	uni		ONS	ET AND DEATH	
	ı	4 1	DUE TO			1					-	
	ı	Conditions, if o				f						
)		gave rise to immed	diote couse								paper year made	
1		(o), stating the t	underlying (c)			_						
4	ATION	PART II, OTH		DITIONS CO	DITRIBUTING TO DEATH	BUT NO	OT RELATED TO THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO	
1	CERTIFICATION	20a. EXTERNAL CAL PRIMARY OF COI CAUSE OF DEATH.	USE WAS TRIBUTING D	b. DESCRIBE	HOMINITY OCCUR	ED Ite	er nature of injury in Part	I or Port II c	of item 18.}			
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d thurse OCCURRED 20e PLACE OF INJURY (Hame, farm, 120f. (City or town) (County) (Slate) While Not while of work of work of work										
-	Ì	21. 1 certify th	at I took charge	of the r	remains described	abov	e, held on Autopsy	, In	spection D	Inquiry 1	ond in my	
		opinion death	resulted from: 1	Naturol o	couses P. Accide	ent [], Suicide [], H		Justine Committee Committe	* 1 140	er 🗇	
		op'nion death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner .										
		ACTUAL SIGNATURE	1100	av	To ms	1	M.D. CHIEF MEDICAL EX				DATE SIGNED	
		EXAMINER'S NAME (Type)	M. B.	DAU	lis Mi		DEPUTY MEDICAL E	XAMINER [1	11158	
	220.	BURIAL CREMATIC REMOVAL (Specify)			22c. NAME OF CEMETER				ION (City, town, o	or county)	(State)	
	7.1	111			ADDRESS	atio	nal Cemetery		MC			
4	3	Janas 1X	S SIGNATURE Bruzdzinsk	1 140				AN 1 3	58 246 (REGIS	STRAR'S SIGNATU 医病、点质主点	7	

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DEPUTY

DECEIVED 1353 ISES IAN 13 ISES

MEDICAL

DEPUTY

BURKAY MAN

BRI IS NAI

Green Mount

ADDRESS

Jan. 18.1958

JohnO. Mitchell & Sons Inc. 1900 Eutaw Place

23. FUNERAL DIRECTOR'S SIGNATURE

00260

S RESIDENCE ON A FARM?

YES NO XXX

19\$58

Min.

PERFORMED?

DATE SIGNED

(State)

Md.

22d LOCATIOn. (City, town, or county)

24b. REGISTRAR'S SIGNATURE

Baltimore.

24a, REC'D BY REGISTRAR

NO FAX

(Stota)

Year

Haurs

VS. A15ME(S) 5M 9755

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MEDICAL

DEPUTY

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DEVISOENAL COOL ET NAL 2.V UAZZUA death.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

00263

		CERTIFICA	IE OF DEATH	Re	g. Dist. No.
	PLACE OF DEATH O COUNTY Balts.	MARYLAND	2. USUAL RESIDENCE (Where de a. STATE	b. COUNTY	Extence before admission)
	b. CITY OR TOWN (If outside corporate limits, write RVRAL and give nearest taxes)	LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside	corporate limits, write RURAI	and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street add OR INSTITUTION 235/2000 Cares Current C	ress)	d. STREET ADDRESS 2:35 Blood	nstring as	e. IS RESIDENCE ON A FARM? YES NO D
	NAME OF DECEASED (Type or print) Cleffers a	Middle	Faster 0		Day Year 26 1955
	Female White WIDOWED !	DIVORCED []	DATE OF BIRTH		NDER 1 YEAR IF UNDER 24 HRS. Inths Days Hours Min
	0a, USUAL OCCUPATION (Give kind of wark done 10b. KIN during most of working life feven if retired) Typical Nufu	D OF BUSINESS OR INDUST	RY 11. BIRTHPLACE Sigle or for	eign country)	2. CITIZEN OF WHAT COUNTRY? 4. S. A.
ין ו	FATHER'S NAME Bierlay		14. MOTHER'S MAIDEN NAME	Leister	
1	5. WAS DECEASED EVER IN U. S. ARMED FORCES? (41, 40, or unknown) (If yes, give wor or dates of service)	JAL SECURITY NO. 17 INF	John 6. Fix	ter Catoris	ville Hick
	18. CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	or (o). (b). and (c).]	Secompensa	tim	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate couse (a), stating the underly lying cause last.	re auricula	Tebrillation	elus Vicas	1:3ens.
,	PART II. OTHER SIGNIFICANT CONDITIONS CON 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TRISTING TO DEATH BUT N	OT RELATED TO THE TERMINAL D	ISEASE CONDITION GIVEN II	PART I(a) 19 WAS AUTOPSY PERFORMED?
		E HOW INJURY OCCURRED.	(Enter nature of injury in Part I o	or Part II of Item 18.)	
100000	20c. TIME OF INJURY Month, Day, Year Haur a. js. 19 white of wark	Not while	E OF INJURY (Home, form, 20f ry, street, office bldg., etc.)	(City or town)	(County) (State)
	21. I certify that I attended the deceased alive on 175, 1953		/ ''in-de/ 'Yb		at I last saw the deceased on the date stated above
	ACTUAL Wilmer K. Fall	ages M.		SS (Street, city or town, state	
	PHYSICIAN'S WILMER K. G3/12	Ser	Ballimore	-28; md.	
L	Burial Jan. 28/95-8	MALL HELL	CHEMATORY / 22d A	OCATION (City fown, or con- weed hea	7/1/1/2
20	3. FUNDRAL DIRECTOR'S PIGNATURE DI	avride Grae	24g. REC'D BY R		P'S SIGNATURE

MA TEDERA

BULLAU V. S.

MECENEDIA EDI

EUREAU V. S.

A V U.A. 1963



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SECT ST NAL

CERTIFICATE OF DEATH

MARYLAND

Reg. Dist. No.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before odmission)
o. STATE
Maryland
b. COUNTY
Baltimore

c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)

executed within 24 hours after death. Page

I. PLACE OF DEATH G. COUNTY Baltimore

b. CITY OR TOWN (If autside carporate limits, write | c. LENGTH OF STAY IN 16

may be retained by TO FUNER DIRECT

VS A15 1SM 9/S

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

	Fort How	ard	147 Days	Baltimore	7.10.	r sulta
1	d. NAME OF HOSP	TAL (If not in hospital, g	ive street address)	d. STREET ADDRESS		IS RESIDENCE ON A FARM
	Veterans	Administra	tion Hospital	24 S. Kres	son Street	YES NO
	NAME OF DECEASED (Type or print)	VESTER Fire	Middle E .	GAMBLE	4. DATE Month OF January	21. Year 1958
5. 5	Male	6. COLOR OR RACE White	7. MARRIED NEVER MARRIED NOVEL	B. DATE OF BIRTH March 5, 190	lost birthday) Months	R I YEAR IF UNDER 24 H
10a	during most of wo Order Cl	tking life, even if retired)	Wholesale Groce	USTRY 11. BIRTHPLACE (State	or foreign country) 12. C	U. S. A.
13.	FATHER'S NAME			14. MOTHER'S MAIDEN N		
	Ira W. G	amble		Minerva Run	ner	
		ER IN U. S. ARMED FOR		INFORMANT	Address	
710	Yes	WW II		lin.RecVet.A	dm. Hosp. Ft. Howard	Maryland
		-	use per line for (a), (b), and (c).] BRONCHOGENIC CARC			INTERVAL BETWEE ONSET AND DEAT 2 YEARS
	162.1	DUE TO		J. HOLIN		Z IPARO
	Canditions, if	ana which I				
	gave rise to cadse (a), staling lying cause last	the <u>under-</u>			-	
CERTIFICATION				PT NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN PA	RT 1(a) 19. WAS AUTO PERFORMED YES NO
	OR CONTRIBUTION	AS UNDERLYING D CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in F	art I ar Part II of item 18.]	
MEDICAL	20c. TIME OF INJU Havr a. m.	RY Month, Day, Yes		LACE OF INJURY (Home, form, octory, street, office bldg., etc.		(County) (SI
		hatst attanded the		7 1057 - 10	nuary 21 , 1958 XXXX	YYYYYYYYYY
	actual	XXXXXXXXXXX	XXXXXXXXX and that deat	h accurred at 1:25A	_M, from the causes and an ADDRESS (Street, city or town, state)	the date stated al
	SIGNATURE			M.D. VA HOSPITA	L,FT.HOWARD,MARYLA	ND1/21/58
	PHYSICIAN'S	T TOW MOTE	AN. M.D.			
	NAME (Type)	TE TOWN MOTIO				
220		ON, 226. DATE THEREO	F 22c. NAME OF CEMETERY (or CREMATORY ational Cem.	22d. LOCATION (City, town, or county) Baltimore, Maryla	
]	BURIAL CREMATI	1-24-	F 22c. NAME OF CEMETERY (ational Cem.		ınd

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BY LEVEL OF

executed within 24

HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BURLAU W. E.

4.40	L		60	04		EKHIN	YA II	COFI	JEMIL	7		Reg. L	Sist. No		
REAL and give incorest town) Baltimore d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Stella Maris Hospice Towson—I Md. Stella Maris Hospice Towson—I Month Towson Mary Hospice I Month January Mo	1,	o. COUNTY	ore		," 1	MARYLAN		o. STATE	_	_					sion)
Baltimore d. NAME OF MOSPITAL (If not in hospital, give street address) Stella Maris Hospice. Towson—I, Md. 3 NAME OF MOSPITAL (If not in hospital, give street address) Stella Maris Hospice. Towson—I, Md. 3 NAME OF DECEASE (If the control of				its, write	c. LENGTH	OF STAY IN 1	b	c. CITY OR	TOWN (If o	outside corpor	rate limits, write f	URAL and	give ne	arest low	n)
Stella Maris Hospice Dowson Pide Sill Hillendale Road YES NO 3 NAME OF DECASE First Middle Carrison Seath January 31 19 58 5 SEX 6. COLOR OR RACE MARRIED NEVER MARRIED B DATE OF BIRTH 10/22/1878 P. AGE (in year in Funder) Month Doys Hours Min 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY HOUSEWITE Mary Address 12. FATHER'S NAME Mary Mead 12. CITIZEN OF WHAT COUNTRY Mary Mary Mead 13. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Admission Record Mary Mead 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Admission Record Mary Mead 16. CAUSE OF DEATH (Enter only one course per life to (o), (b), and (c)) PART I. DEATH WAS CAUSED BY: MARGINATE CAUSE (o) DUE TO Mary Mead Mary Mary Mead Mary Mary Mead Mary Mead Mary Mead Mary Mead Mary								Tow	sòn, l	Maryla	nd				
Stella Maris Hospice 10WSON-1 Pro 131 Hillendale Road 15 No. 15 No.	Г	d. NAME OF HOSPITA	L (If not in hospital, g	jive street	oddress)	24.7	1	d STREET	ADDRESS					e. IS RES	SIDENCE
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HER. Female White WIDOWED DIVORED 10./22/1878 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HER. If UNDER 24 HER. If UNDER 24 HER. If UNDER 1 YEAR IF UNDER 24 HER. If UNDER 24		Stella M			owson-L	t wa•		8113	Hill	endale	Road				
Sex 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HER. Female White Widowed 100. KIND OF BUSINESS OR INDUSTRY 11. BIRTHRACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECASED PER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT NOTE 18. CAUSE OF DEATH Enter only one couse per in the first of the part of couse (or, stole) and in the part of	3	NAME OF DECEASED	Fir	rşl		Middle		lo:	s1	4. DATE	Moi	oth	De	у	Yeor
Female White widowed Divorced 10/22/1878 lost birthdoy) Months Days Mourt Min Mary Months Days Months Days Months Days Mourt Min Mary Months Days Months Da	L	(Type or print)	Lil]	-				Garri	son	DEATH	Janua	ary	31		19 58
Part II. Death was cause of services Due to Conditions, if any, which gove rise to immediate course (c), storing the under lying cause last. C) Conditions, if any, which gove rise to immediate course (c), storing the under lying cause last. C) Conditions, if any, which gove rise to immediate Course of pearty Course of the course (c), storing the under lying cause last. C) Conditions, if any, which gove rise to immediate Course of pearty C) Conditions, if any, which gove rise to immediate Course of the course (c), storing the under lying cause last. C) Conditions Course of pearty C) Conditions Course of the course of the course (c), storing the under lying cause last. C) C) C) C) C) C) C) C	5	SEX	6. COLOR OR RACE	7. MARI	RIED 🔲 NEVE	R MARRIED] B D.	ATE OF BIRT	Н		9. AGE (In years lost birthday)			+	1
HOUSEWITE 13. FATHER'S NAME Thomas Larduskey 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NOTE Address 18. CAUSE OF DEATH [Enter only one course per light in [o]. [b]. ond [o]. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE [o] DUE TO Conditions, if any, which gove rise to immediate course (o), stoting the underly lying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1[o] 19 WAS AUTOPSY PERFORMED? YES NO PERFORMED? 20. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOITPY MEDICAL EXAMINER) 20. CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOITPY MEDICAL EXAMINER) 21. I certify That I attended the deceased from. 21. I certify That I attended the deceased from. 22. I certify That I attended the deceased from. 23. Injury or cover is a control of the part of	L			1.	-						79 yrs.	Monins	Days	Hours	Min
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21. I certify that I attended the deceased from. October 25-15, to Lanvary3/19/7, that I last saw the deceased		,		ne 20-4	NILIDA OCCIN	20-	PLACE	OE INIHIBY A	Mana Sana	1005 15 1					
21. I cortify that I attended the deceased from. October 25-15, to January 1917, that I last saw the deceased	낊			While	Not whi	ile	fectory,	street, office	e bldg., elc.	. 201. (City	or town)		(County)		(Stote)
	Ξ	p. m.	17	ot wor	k 🔲 al work		-								
				deceas	ed from	Vc. 10	, De	9-	, 10 Ve	nuar	33/19/	Z,that I	fast so	aw the	deceased
alive on 27 0274 30, 19 8, and that death occurred at 14 PM, from the causes and on the date stated above		alive on dr	102xy 30	2, 125	, an	id that dec	ath oc	curred at	144	M, from	the causes	and on	the da	te s lati	ed above
ADDRESS (Street city or town, stote) DATE/SIGNED			11/1	1	3		11	***		ADDRESS (S)	reel city or town,	stote	1	D	ATE SIGNED
SIGNATURE Charles 17/2 oundly M.D. 50/ York Rd 13/18		SIGNATURE CO	nacles	175	200	unels	_M.D.		550	1 4	me!	2/	-4	3/,	18
PHYSICIAN'S Charles FO Donwellup Tourson 44 md		PHYSICIAN'S NAME (Type)	Phonles	FO	100	river	1/2	10		101	n/son	#4	m.	1	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole)	220	BURIAL, CREMATION	L 226. DATE THEREC)F	22c. NAME	OF CEMETERY	OR CR	EMATORY		22d. LOCAT	ION (City, town.	or county)		- (Sto)	el
Rurial Feb. 4, 1958 Baltimore National Cometery Baltimore, Maryland		Rurial	Feb. 4. 3	958					omete	ry B	altimore	, Mai	rylar	ıd '	•
23. FONERAL DIRECTOR'S SIGNATURE (ADDRESS TOWSON, Maryland 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE TOWSON, Maryland FFR 3 150	23.	11 . Jan 16		P.	ADDRES	is	[n 1777]	land	_			STRAR'S S	IGNATUI	RE	

FEB 3

DATE

TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 haurs after death Page 4 may be relained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely page 3 yild be detached for use as the burial-transit permit. Then please remave carbon papers. Page the reg. At prior to burial, crematian, ar remaval, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

by the funeral director, and 2 shauld be filed with

z "V UALKÚu

(State)

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

		28	5	CERTIF	FICAT	E OF DEAT	Н		Reg. Dist.		0210
1.	PLACE OF DEATH	MORE		MARYL		USUAL RESIDENCE (VO. STATE MARYLA		d lived. If institution b. COUNTY	nı Residence	before ac	lmission)
	b. CITY OR TOWN (IF RURAL and give neg	irest fown)	s, write c. L	ENGTH OF STAY II	N 16	EALTIMOR		orate limits, write RI	0		lawn)
	ORT HOWART d. NAME OF HOSPITA OR INSTITUTION VETERINS A			•		d STREET ADDRESS 3120 ST		TREET	/Y0/	e. IS	RESIDENCE IN A FARM? S NO KIX
	NAME OF DECEASED (Type or print)	JOHN	il .	Middle S		Lest GEORGE	4. DATE OF DEATH	JANUAR		Doy 12	Yeor 19 58
5 5	MALE .	6. COLOR OR RACE WHITE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		JUNE 5, 188	8	9. AGE (In yeors lost birthday) 69 yrs			NDER 24 HRS.
L	USUAL OCCUPATION during most of works HEIPER FATHER'S NAME	N (Give kind of work on the life, even if relired)		OF BUSINESS OR		PALESTI 14. MOTHER'S MAIDEN	NE	country)	U.S		HAT COUNTRY
	SIMON G					HESHMEH	AZAR				
	YES	IN U. S. ARMED FOR	rvice)	al security no. -18-69		REC VET A	DM HOS	Addr P FORT HO		ARYL	AND
	PART I DEAT	H [Enler only one con the control of		HOPNEUMO	NIA ;	PULMONARY	CONGE	STION_AND		ONSET A	NOWN
	Conditions, if on gove rise to im cause (o), stoting the lying couse lost.	mediate (
CATION	PART II. OTHE		DITIONS CONT	RIBUTING TO DEAT	TH BUT NO	OT RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PART 1	PE	AS AUTOPSY ERFORMED?
CERTIF	20g ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A	CAUSE OF DEATH	20b. DESCRIBE	HOW INJURY OC	CURRED.	Enter noture of injury i	Part 1 or Pa	rt II of item 18.)			
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yeo	While	Not while of work		OF INJURY (Home, far y, street, office bldg, e		y or lown)	(Cod	inty)	(Slote)
		,	/	}		, 19.57., ta.J. ccurred at.11:3	O.aM, froi		nd on the		
	ACTUAL SIGNATURE	Lion V	7 1	the	M.E	VAH, FOR	T HOWA	RD, MARYI	AND	1/1	3/58
	NAME (Type) C	HIEN WEI L	AN. M.D	I_							

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page may be retained by the haspital ar attending physician.

> FUNERAL DIRECTOR: After this certificate has been signed page...

Id be detached far use as the burial-transit permit her in prior to burial, cremotion, ar removal, and in an TO HOSPITAL OR TO FUNE

220. BURIAL, CREMATION, REMOVAL (Specify) ILEMOVAL

23 FUNERAL DIRECTOR'S SIGNATURE

DATE THEREOF

n by the funeral director, and 2 should be filed with

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campletely

and

the attending physicion

þ in any

Then please remave carbon papers.

event within 72 hours after death.

VS A15 (4) 15M 9/55

22d LOCATION (City, town, or county)

Cem Arlington Virginia 24a. REC'D BY REGISTRAR 245 REGISTRAR'S SIGNATURE

Arlington National

22c. NAME OF CEMETERY OR CREMATORY

JAN 2 0 '58 DATE Harford Road, Balto. 14, md.

BUREAU V. L.

DECEIVED SEL 1953

00271

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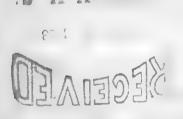
CERTIFICATE OF DEATH

	Reg.	Dist. No.
)	1. PLACE OF DEATH o. COUNTY 2. USUAL RESIDENCE (Where deceased lived. If institution) Res o. STATE b. COUNTY	idence befare admission)
	b. GITY OR TOWN (If autside corporate limits, write C. LENGTH OF STAY IN 1b C. CUT OR TOWN (If autside corporate limits, write RURAL of Authority nearest town)	nd give nearest town)
m,	d. NAME OF HOSPITAL (If not in hospital, girl street address) Strinstitution Foruse in Tures 9900 Celardale	e. IS RESIDENCE ON A FARM? YES NO V
	3. NAME OF DECEASED (Type or print) ISIPOR / GILGER 4. DATE OF DEATH	Day Year 4- 19 V
	male white widowed Divorced D	DER 1 YEAR IF UNDER 24 HRS. hs Days Hours Min
	loa USUAL OCCUPATION (Give kind of work dane during mast af working life, even if retired) 12 13 14 15 16 17 18 18 18 19 19 19 10 10 10 10 10 10 10	CITIZEN OF WHAT COUNTRY
	13. FATHER'S NAME . JUNEAU JAME	
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 MYFORMANT Address (If yes, give wor or dotal of service) 218-32-0703 Celice Tiller -	une.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and, (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Conditions, if any, which gave rise to immediate cause (a), stoling the under- lying couse last. [c]	INTERVAL BETWEEN ONSET AND DEATH
- ,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN 200 ACCIDENT WAS UNDERLYING [1] OR CONTRIBUTING [1] CAUSE OF DEATH OF C	PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO NO
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur a. m. p, m. 19 Nat while at work at	(County) (State)
	alive on 1 - 4 - 1958, and that death accurred at 1935 P.M. from the causes and a	
/	ACTUAL SIGNATURE M.D. L. 209 Frederich ave.	1-4-58
	PHYSICIAN'S NAME (Type) M/MER /T. Gallager Ballimore 28, Med. 220. STRIAL, CREMATION, 126. DATE THEREOF 122. NAME OF CEMETERY OF CREMATORY 122d, LOCATION (Lifty, 1948) of CREMATORY	
>	Situal 1-5-18 Hefrew Joing mere Balto	Ma
	23 FUNERAL DIRECTOR'S SIGNATURE 2100 ENTARY PLANT 158 240. REC'D BY REGISTRAR'S 240. REC'D BY REGISTRAR'S 240. REC'D BY REGISTRAR'S 240. REC'D BY REGISTRAR'S	SIGNATURE

may be retained by the haspital or attending physicion.

TO FUNERAL DIRECTOR: After this certifical him leen signed by the attending physician and completely filled as by the funeral director, page 3 and be detached for use as the buriot-transit permit. Then please remove corbon papers. Pages 2 should be filed with the registral prior to buriot, cremation, or removal, and in ony event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



00273

		28	8	CERTII	FICA	ATE OF DE	:AIH	l .		Reg. Dis	t. No.		
1.	PLACE OF DEATH	Baltimore		MARYL	AND	2 USUAL RESIDE	nce (whi		ived. If instituti b. COUNTY	-	e before timo		on)
	b. CITY OR TOWN (I RURAL and give ne TOWS	auhide carporate limi orest tawn]	ts, write	c. LENGTH OF STAY I	N 16	convorto		ulside corporo	ta limits, write f	RURAL and g	ive neare	st town	
	OR INSTITUTION	Convales				d. STREET ADD		llwood	Road			IS RESI ON A YES [DENCE FARM? NO 🎦
3.	NAME OF DECEASED (Type or print)	JOSEPH	*SAM Æ(.	UEL Moddle GILI	NO	Lost		4. DATE OF DEATH	Janua1	cy 27	, ls		9
	Male Male	White	WIDOWI	All parts		August	23,		AGE (In years tast birthday) yrs.	Months		Hours	R 24 HRS Min
,	Builder-	ing life, even if relired	1 _	KIND OF BUSINESS OR Self emplo		l Irel	and		ntry)	12 Cff(ZEN OF USA		COUNTRY
	FATHER'S NAME	hht John				14 MOTHER'S M			Carlys				
{Ye	ii no or unknown) + (Span-Amer	ervice}	SOCIAL SECURITY NO	1	rs. Glad	lys (Clark		son,	Md.		
		TH Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o		ne for (a), (b), and (c)] 2010 - Vac	cu	lar k	em	ork	age.		INTERIONSET	AND	WEEN DEATH UCIR
)	Conditions, if ai gove rise to it cause (a), stoting i	nmediate (an	teriose	le	cosis,	. gi	ener	dure	d .			
CERTIFICATION	PART II. OTH	ER SIGNIFICANT ON	DITIONS C	CONTRIBUTING TO DEA	TH BUT	NOT RELATED TO TH						PERFO	LTOPSY MED?
	206 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b DES	CRIBE HOW INJURY OC	CURREC	. (Enler nature of i	ajury in P	ort I or Part I	of item 18)				
MEDICAL	20c TIME OF INJUR Have a.m. p. m.	Month, Day, Yes	While	NJURY OCCURRED Not while I gl work	20e PLA Foc	CE OF INJURY (Ho tory, street, affice b	me, form, idg , eic.)	20f (City o	r town)	(Ca	ounly)		(State)
	21. I certify the olive on TA	N23.	125	A		, 19 <u>5'/</u> /, accurred at	5-9	M, fram		and an th			
	PHYSICIAN'S NAME (Type)	C. 5/10		sk1		Town		4.0		J	13/11	2)	145
220	BURIAL, CREMATION REMOVAL (Specify) Removal		F 3.19F	220 NAME OF CEME		crematory r Funera	al H		on (city, town) Height		ı, N	(Stote)
23,	FUNERAL DIRECTOR		ous	ADDRESS		2-	4o REC'D	BY REGISTRA		STRAR'S SIG			

in by the funeral director, and 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 moy be retained by the hospital or attending physician.

TO FUNE AL DIRECTOR: After this certificate has been signed by the ottending physician and completely filler, page 7 yild be detached far use as the burial-transit permit. Then please remove carbon papers. Pages the result of prior to buriol, cremation, or removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55



BUREAU V. T

00274

289

CERTIFICATE OF DEATH

Reg. Dist. No.

		1 12/10			Keg. Dist. No	·			
-	1, 1	LACE OF DEATH	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. a. STATE	If institution, Regidence before.	ora odmission)			
-	Ь	D. CITY OR TOWN (If outside corporate limits, write MIRAL and five nearest town)	c. LENGTH OF STAY IN 16	c GITY OR TOWN (If outside corporate time	ills, write RURAL and give ne	arest lown)			
		NAME OF HOSPITAL (If not an hospital, give street OR INSTITUT ON TO SEE A	oddress)	d. STREET ADDRESS Profice	it live	e. IS RESIDENCE ON A FARM? YES NO			
	(NAME OF DECEASED Type or print) OR Relle	min Middle Gl	anelisorte DEATH	Month / 16 / De	1958			
7	5 5	make W WIDOW	ED DIVORCED	11/5/1877 B	Days Days	Hours Min.			
	10a	USUAL OCCUPATION (Give kind of work done) 10b. dyfing most of working life, even if retired)	at from	STRY 11. BURTHPLACE (State or foreign country)		. S. C			
	13. (FATHER'S NAME		14. MOTHER'S MAIDEN NAME ?					
	15. '	WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. no. or unknown) [If yes, give war or dates of service]	SOCIAL SECURITY NO 17-1	Whi B. Elane	Byok				
		1B. CAUSE OF DEATH [Enter only one cause per line PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o). / //// X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last.	ne for (a). (b). and (c).] CARCINOMATA	UTERUS		ERVAL BETWEEN SET AND DEATH 5 yrs.			
0	CERTIFICATION		ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO 1			
		200 ACCIDENT WAS UNDERLYING 205 DESI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Part I or Part II of a	iem 18)				
	MEDICAL	Hour a.m While	da.	ACE OF INJURY (Home, form, 20f (City or low ctory, street, office bldg , etc.)		(State)			
1	21. I certify that I attended the deceased from 1953, to JAN, 16, 1958, that I los alive on JAN, 15, 1958, and that death occurred at 9:4 P.M. from the causes and on the ADDRESS (Street, city or town, state) 6348 FREDERICK ROAD.								
-		PHYSICIAN'S B.LLOYD JOHN	SON.M.D.	6348 FREDERICK	ROAD. CATO	ONSVILLE			
1	220	REMOVAL (Specify) ALL DATE THEREOF	Toudon	R CREMATORY 22d LOCATION IC	Dity lown, or county)	B&L-28			
	225	FUNERAL DIRECTOR'S SIGNATURE & LOTON	ADDRESS 28	240. REC'D BY REGISTRAR DATE '1881 O 1 'T'	246 REGISTRAR'S SIGNATU	IRE			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 VS A15 (4) 15M 9/S5

RUREAU V. A.

8361 IS WA

BARRIONS

		290	CERTIF	ICATE O	F DEATH		Reg. Dist.	00275	
	PLACE OF DEATH	Baltimore	MARYL	II o. STA	RESIDENCE (When	e deceased lived III in b. CO	UNTY	imore	
	RURAL ond give n	rs Forge	2 yrs.	×	Roger	side corporate limits, v	rite RURAL and giv	re neatest fown)	
	OR INSTITUTION	TAL (If not in hospitol, give O2 Heathfie		e str	7102	Heathfiel	d Rd.	IS RESIDENCE ON A FARM? YES NO	
	NAME OF DECEASED (Type or print)	JAMES	HENRY	GOOD	Lost	OF DEATH JAY	Month 1.17,195	8 19	
	male	white w	MARRIED NEVER MARRIED DOWED DIVORCED	D 30/30	styp6 9/3	8/76 81 AGE (In lost birth	The state of the s	YEAR IF UNDER 24 HRS	
	ret. Po	ON (Give kind of work done king life, even if retired) Lice Depart	106. KIND OF BUSINESS OR	В	altimore	e, Md.	1	S.A.	
13.	John Good Margaret Coan								
	MAS DECEASED EVE	ER IN U. S. ARMED FORCES: [III yes, give wor or dotes of service	16. SOCIAL SECURITY NO.	Mildre	d Willia	ams, dght	Address above		
		ATH [Enter only one couse ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	per line for (a), (b), and (c).]		01 6	locar		ONSET AND DEATH	
	Conditions, if of gove rise to couse (o), stating lying couse last.	immediate (<i>V</i>	
CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING COUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER!)								
MEDICAL	20c. TIME OF INJUI Hour a.m. p. m.		20d INJURY OCCURRED 2 While Not while of work 1	Oe. PLACE OF INJ foctory, street,	URY (Home, form, office bldg., etc.)	20f. (City or lown)	(Co	unty) (Slate)	
	21. I certify the alive on actual signature. PHYSICIAN'S MAME (Type)	cusion of the de	1	leath accurred		M, from the cauponess (Street, city or 2 9	ses and an the	st saw the deceased date stated above. DATE SIGNED	
	BURIAL, CREMATIC REMOVAL (Specify	1/21/58	Zic. NAME OF CEMET Lorraine	Mausol		odlawn,		(State)	
23	narles 331 Bre	Schimune Schimune Schimune	k Funeral H	от ө	24o. REC'D DATE	BY REGISTRAR 24b.	REGISTRAR'S SIGN	FATURE	

JAN 2 1

VS A15 (4) 15M 9/55

DECEIVEL 1908

BUREAU V. &

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VS. AISME 5M 2, 57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00276

		200								Reg. D	ist. No.	
1, PLACE OF D		- 10				2 USUAL RESI	DENCE (WI	here decea	sed lived If ins			adm ssian)
a. COUNTY		Baltimore		M	ARYLAND	o STATE	Md		b. COU	Balto	•	
		iulside corporate limits, writ	PUPAL	c. LENGTH OF ST	AY IN 16	c. CITY OR	TOWN (if a	outside cor	parote limits, wr			est fown)
eng 8 xe v	(ALEX.	Halether	pe			/ /scios		_	ethorpe			
d NAME OF	F HOSPITA	L OR INSTITUTION (if not n	hospital, give street ad	dress)	d STREET A					e	IS REC & N F
35	934 B	enson Ave				3934 B	enson	Ave			ŢŸ	EZ HO
3. NAME OF DECEASED (Type or pri	m) Ame	lia L. Gre		Middli ○ Q	P	tasi	1	4 DATE OF DEATH	Jan.	13 g	19 ⁻⁸	Yeor 19
5. SEX		6 COLOR OR RACE	7. MAI	RIED NEVER MAR	RIED B	DATE OF BIRTH			9. AGE (In years			UNDER 24 HPS
F		W	WIDOV	VED 👸 DIVORO	ED 🔲 🖁	Sept. 25	. 188	2	last birthday)		Days Ho	ours M n
10a. USUAL OC	CCUPATIO	N (Give kind of work	done 10	KIND OF BUSINESS					country)	12. CITI	ZEN OF W	HAT COUNTRY?
garing won	or working	Homemaker		Home		Md.				Ţ	J. S.	A.
13. FATHER'S	NAME					14. MOTHER'S	MAIDEN NA	AME			_	
William	m Sch	nhert.				Marg	aret :	-				
15. WAS DECE	ASED EVE	R IN U S ARMED FO		6. SOCIAL SECURITY	NO 17 R	VFORMANT		-	Addre	P35		
NO IVes, no. or unknow	wuj	It yes, give war or dates of	PELAKED]	no		Arthur	Willi	ams.	3934 Be	nson A	ve Ha	lethorpe
18 CAUSE	OF DEAT	H Enter only one co-	se per l	ne for (o), (b), and (c).]		â			***	TINTER AL	BETWEEN
1 1	RT I. DEATH	WAS CAUSED BY:				rombosis					CINJET AN	H ASG OF
14:20		MMED ATE CAUSE (o	'								-	P4/3
,	ns, if on	1115										
	to immedi	ofe cours										
(e), stotin	ng the u											
		FR SIGNIFICANT CON		CONTRIBUTING TO D	EATH BUT N	OT RELATED TO	THE TERMIN	JAI DISEAS	F COND TION O	SIVEN N PAR	T 1(a) 19 1	VAS ALITOPSY
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\												ERFORMENT
	OF CON	TRIBUTING []	b DESCI	RIBE HOW INJURY OC	CURRED (F	nter noture of inj	ury in Port	l er Part I	of item 18.)			
ZOC. TIME Hour		Y Manth, Boy, Ye		INJURY OCCURRED	20e PLA	CE OF INJURY (H	ome, form,	20f. (Cr)	y or fown)	(Co.	uniy)	(Slate)
Hour	9.m.	19		hile Not while work of work] racio	ory, street, office	piog., etc.)					
	rtify the	of I took charge	af the	e remains descri	bed abo	ve, held an	Autopsy	17. 1	nspection #	7. Inquir	v (7).	ond in my
op nion	death r	esulted from.	Naturo	couses A	ccident [], Suicide	□, н			termined r	,	
ACTUAL	6	11 1		11. 11.							D	ATE SIGNED
SIGNATU	RE	fet lot	MA	ieffe		_ m D.	EDICAL EXA	_				
EXAMINE NAME (Ty	res G	eo. S. M.	Kief	fer A.D			NT MEDICAL MEDICAL E)		17	Jan.	13. 1	1948
		N 226 DATE THERE)F	22c NAME OF CE	METERY OR	CREMATORY		22d. LOCA	TION (C ly, low	n, or county)	and the second	(Stote)
Burial		1/16/5	8	Londo	n Pani	k Cem			to. Md			
1	REGIOR !	SIGNATURE/	Λ.	ADDRESS	1		240 REC'D			GISTRAR S S C	SNATURE	
1/1m	. 1.	Julen	4	Hous.	ral	101/14	DATE	7 '58	B au	Lean	N	

TA PARTIE

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution; Residence before admission) a. COUNTY **b.** COUNTY MARYLAND b. CITY OR TOWN (If outside corporate lemits, write BURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) raper d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? 7910 Seven mill Land Green Lea YES NO DE 3. NAME OF 4. DATE Month Day Yeor DECEASED (Type or print) DEATH 1920 0 6. COLOR OR RACE 7. MARRIED NEVER MARRIED [8. DATE OF BIRTH 9. AGE (In years IF UNDER TYPAR IF UNDER 24 HRS last birthday) Months WIDOWED [7] DIVORCED | 10g. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State of 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Cololling 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18 CAUSE OF DEATH | Enter only one cause per tine for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** Conditions, if ony, which gove rise to immediate couse **DUE TO** (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(01/19). WAS AUTOPSY PERFORMED? NO III 20g EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY D or CONTRIBUTING D CAUSE OF DEATH. Was lamen & 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or 16wn) 20c. TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) Not while of work of work 221me 19 21. I certify that I took charge of the remains described above, held an Autopsy ____, (inspection X, Inquiry X, and find that death resulted from: Natural causes XI, Accident , Suicide . Homicide . Undetermined cause . ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER M NAME (Type) 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, Iown, or county) REMOVAL (Specify) Baltimore Hebrew Rurial Balto. 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 246. REGISTRAR S SIGNATURE VS. AISME(S)

DEPUT

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

ENTERNA'S

To de

MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
292	CERTIFICATE	OF	DEATH	

00278

NOIS			•	Reg. Dist	I. No.
1. PLACE OF DEATH BAKTIMORE	MARYLAND	2. USUAL RESIDENCE (Who o. STATE MAR)		If institution Residence COUNTY BA	e before admission) 471NOKE
b. CITY OR FOWN (If outside corporate limits, write RURAL and give negrets fown)	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (No	utside corporate limi	ts, write RURAL and go	MAD
d NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	address)	d. STREET ADDRESS	APEL K	ED	e. IS RESIDENCE ON A FARM? YES NO F
3. NAME OF DECEASED (Type or print) PARY	Middle SANE	GAIES	4. DATE OF DEATH	JAN .	23 1958
FEMBLE WHITE WIDOW		8. DATE OF BIRTH PRIL 1-18	6% 9. AGE lost	(In years IF UNDER I birthday) Months (Doys Hours Min
100 USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole ()	or foreign country)	12. CITI	ZEN OF WHAT COUNTR
13. FATHER'S NAME AME FIRSTNUNKNOWN -	TRIPHETT	14 MOTHER'S MAIDEN N	VEAN	BARNI	55
15. WAS DECEASED EVER IN U. S ARMED FORCES? 16 (Yes, no, or unknown) (If yes, gave wor or dodes of service)	SOCIAL SECURITY NO. 17. I	NFORMANT US LUALIER	CREIS	- LUARDS	CHAPEL K
18. CAUSE OF DEATH [Enler only one cause per I PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)	ine for (o), (b), and (c).) (1) E (2) (9) E	STIVE HE	ger FA	IXUKE	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which) (b)	fulning MARY	EDEMAYX	TONEY	FAILTRE	ZWEEKS
gove rise to immediate costs (a), stating the under- lying cause last (c)	15-YEARS				
PART II. OTHER SIGNIFICANT CONDITIONS PART ERIOSCLA		NOT RELATED TO THE TERMI	NAL DISEASÉ COND	ITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
(IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	ort I or Port II of ite	em 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. Hour o. m. p. m. 19 While of wo	Not while for	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.	20f. (City or town) (Co	ounty) (\$tote)
21. I certify that I ottended the decea		1957, 105/1			ast saw the decease
actual Angular Actual A	ond that death	no Alle	M, from the cappers (Street, cit		PATE SIGN
	WHEELER	RAND	ALL SEC	UN-MR	5
220 BURIA., CREMATION, 220. DATE THEREOF SURVEY 1-25-58	Watas (R CREMATORY Mapel	22d. LOCATION (C)	MACCO (B. (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE	- Etyklove	Ho nex	BÝ REGISTRAR 1	246. REGISTRAR'S SIGI	NATURE Leh
	7				

S'A LITTLE NV.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

293

The correct

MARGIN RESERVED FOR BINDING

VS. A15

CERTIFICATE OF DEATH

8		Reg. Dist. No
The	I. PLACE OF DEATH- COUNTY Baltimore MARYLAND 2. USUAL RESIDENCE (HOME)	OF DECEASED.
dully.		ts, write RURAL and give nearest town)
n care	HOSPITAL OR INSTITUTION OR ADDRESS TO C.	Wrural, give location) in den AVI Overlea
nationarly a	3. NAME OF (First) (Middle) (Last) 4. D	ATE (Month) (Day) (Year) F EATH / /2 195
of information carefully death clearly and legibly.	Male, Col (Specify) DIVORCED, 8118-1846 67	E last birthday If under I year If under 24 hr 6 Wontha Days Hours Min.
m of dear	10a. USUAL OOK UPATION (Cive kind of work done during make to work life, even if retired) INDUSTRY 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign INDUSTRY)	Country) 12. CITIZEN OF WHAT COUNTRY?
ry ite	13. FATHER'S NAME William Triffin Havriet H	amilton
Supply every item write the causes of	15. Was Decreased Ever In U.S. Armed Forces? 16. Social Security No. 17. INFORMANT CAND ADDRESS (Yes, no. or unknown) (If yes, size war or dates of 2/5-0/-2723 A Walter Flux gay.	2 1542 n Walls SX
pp.	18. MEDICAL CERTIFICATION	INTERVAL BETWEEN
St	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
INK.	Immediate cause (a) lung cancer	3 yrs?
WRITE PLAINLY, WITH UNFADING II is especially important. Physicians: p	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	NATION OF THE PROPERTY OF THE
Phys	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
H Tant	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
三世 1	A COLDINAR OF A COLD AND A COLD A COLD A COLD AND A COLD A CO	Yes O No O
V imp	21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) (CITY OR TOWN) OF office bidg., etc.)	(COUNTY) (STATE)
INI	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Not Work At work	
PLA is esp	22. I hereby certify that I attended the deceased from ll-l-, 157., to l-12, 1	
KITE	alive on 1-12 19.58 and that death occurred at 11 8 . m., from the causes SIGNATURE (Degree or title) ADDRESS	DATE SIGNED
	Dr. Richard Date Thereof I NAME OF CEMETER'S ORCREMATORY LOCATE	1-13-58
PLEASE	23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION OF STATE O	Balto ma
PL	REG. 1/15/18 16 X/s drich Rainer Sa	ndero).
	217 8.	Preston SX

BUREAU V. 8.

		MARYLAND STATE DEPARTME	INT OF HEALTH—BAL	TIMORE, 18	0.0000
£		294 CERTIFICA	TE OF DEATH	Reg. Dist.	00280
filed wil		COUNTY Baltimore County MARYLAND	2. USUAL RESIDENCE (Where deceased a STATE PHANKER)	d lived. If institution: Residence b. COUNTY	before admission)
2		c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If disside corpor	rate limits, write RURAL and give	Correct
d 2 shauld		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	/ d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3 B		NAME OF PECEASED RICHARD Hugh GW	ath ney 4. DATE OF DEATH	January	Doy Year 19 1938
	5. 3	male Colored WIDOWED DIVORCED .	Dec 7.1881	last birthday] Months D	YEAR IF UNDER 24 HRS.
oan paper death.	1	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, even if retired) NESSEN (Pural Islaty)	King + Queen C	V. Lergines 12. CITIZI	EN OF WHAT COUNTRY
rs afte	L	FATHER'S NAME Lobert Swathney	alice Ke	Lenson	
se remo		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	ice linderhuse	he- 2520 Har	Lim Circ. Su
en pleo pleo prinitivi		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) COLUMN C	Hemmer	ze.	INTERVAL BETWEEN ONSET AND DEATH
arit. Th		Conditions, if any, which are rise to immediate (b)	in.	7	ioys.
and in	7	lying couse last.	selvois		20 yesi
maval,	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N			(6) 19. WAS AUTOPSY PERFORMED? YES NO E
s the bu		200. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
rematio	MEDICAL	20c. TIME OF INJURY Month, Day, Year Add NJURY OCCURRED While Not while foct of work at work	CE OF INJURY IHome, form, 20f. (City ory, street, office bldg., etc.)	or town) (Cou	unty) (Slote)
ourial, c		21. I certify that I attended the deceased fram 12/2 alive an 18 1955, and that death	accurred at 9 A M, from	1900, that I la	st saw the deceased date stated above
be delor		ACTUAL Palne Pe Williams M	ADDRESS (SI	treet, city or town, state)	DATE SIGNED
B _q		PHYSICIAN'S PAIMER F.C. WILLIAMS	Pikesv	rlle 8.	Md.
page 1	220	BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify) Thereof 22. 1457 St. Inomas	CREMATORY 22d. LOCAY	MON (City, town, or county)	Marria Mk

ADDRESS

240. REC'D BY REGISTRAR

DATEJAN 2 3 '58

24b. REGISTRAR'S SIGNATURE

VS A15 (4) 15M 9/55

REMOVAL (Specify)

FUNERAL DIRECTOR'S SIGNATURE



DECEIVED NAI

VS A15 (4) 15M 9/5S

	MARIEMA STATE DEFARMENT OF REALITY—DALITYORE, TO								
	295	CERTIFICA	ATE OF DEATH		Reg. Dist. i	00281			
	PLACE OF DEATH COUNTY BALLE.	MARYLAND	2. USUAL RESIDENCE (Who o. STATE)	re deceased lived. If inst	NTY A	refore admission)			
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neores) town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF OU	etside corporate limits, wr	runal ond give	nearest town)			
	d NAME OF HOSPITAL IR not in hospital give street OR INSTITUTION CURL Condition	oddress)	d street appress,	Road		o, is residence on a farm? yes \(\) NO \(\)			
3.	NAME OF First DECEASED (Type or print) Margaret	A Middle	Hackett	OF DEATH	Month 2	Doy Yeor 1958			
	F W widow	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH		yrs.				
	USUAL OCCUPATION (Give kind of work done) 101 during most of working life, even if retired)	5. KIND OF BUSINESS OR INDU	1 Salt	-, /nd.	12. CITIZEI	S. A.			
L	FATHER'S NAME BY	thol	14. MOTHER'S MAIDEN NO	e Bur	gadin	٤			
	WAS DECEASED EVER IN U. S. ARMED FORCES? In no or unknown] (If yes, give wer or dates of service) 1.	6. SOCIAL SECURITY NO. 17. 1	Rellian.	Roth - i	Kairgh	te.			
	18. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)	line for (o), (b), and (c).	tic heart a	iseasi		NTERVAL BETWEEN ONSET AND DEATH			
	Conditions, if ony, which gove rise to immediate couse (o), stating the under-	Serility				10 ys.			
CATION	PART II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION	GIVEN IN PART 1(4	19. WAS AUTOPSY PERFORMED? YES NO			
L CERTIFI	206. ACCIDENT WAS UNDERLYING 206. DI OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D (Enter noture of injury in Po	ort i or Port II of item 18.	.)				
MEDICAL	Hour o.m Whit	1 6-	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or town)	(Cour	nty) (State)			
	21 I certify that I attended the decedative an 19		19.54, to accurred at 12.29		es and an the	t saw the deceased date stated above.			
	ACTUAL Richard 1/C	Muson,	M.D		, stole)				
77	PHYSICIAN'S RICHARD X, BURIAL, EREMATION, 1276. DATE THEREOF	ROBINSON 122c. NAME OF CEMETERY, O		27 LOCATION (CITY 10	Com.	Ta,			
L	FUNERAL DIRECTOR'S SIGNATURE	MORC/B	and PK.	BALI	REGISTRAR'S SIGNA	Md.			
43	Leonard J. Ruck 5305	Hargord Rd.	DATE JA		ll- le luc	1			

MADVIAND STATE DEDADTMENT OF HEALTH....RAITIMODE 19



8361 IS NAL



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e. IS RESIDENCE

Day

ON A FARM?

YES NO.

19

PERFORMED? YES NO 17

(State)

(State)

death. ofter



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	MARTLAND STATE DEPA	ARTMENT OF HEALTH-BALTIM	NORE, 18
2	M /	ATE OF DEATH	0028
1. PLACE OF DEATH	Item 1 FilmG224	1-15-58 et	Reg. Dist. No
' Kalt			
COUNTY Z / / / / CITY (If outside corporate limit			rite RURAL and give nearest lown)
OR end-give nearest lown) TOWN A TOWN &	! (in this Dla	OR OR	
HOSPITAL OR POSSO	est Haven	STREET	Ukrurel give location)
STREET ADDRESS ING LE	eside & Edmonde		REDERICK AL
3. NAME OF (F DECKASED (Type or Print)	1ARY FLORENCE	, , , , 01	ATE (Month) (Day) (Yer
5. SEX 6 COLOR OR	/ / / / / / / / / / / / / / / / / / / /	8. DATE OF BIRTH 9. AGE les	
TEMALE Whit	(Specify) WILDER	MAY 11, 1869 8	grs. Months Days Hours
10e. USUAL OCCUPATION (Give ki	life.vevan if OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WH
Housew.	ite Dones	stic MARYLAND	4.5.4.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	1
MICHAL 15. WAS DECEASED EVER IN U. S		RITY NO. 17, INFORMANT & ADDRESS	NONES
(Yes, no, or unk.) (If Yas, give w	rer or detes of service)		and that
NONO	NE NO	CAL CERTIFICATION	3037 TRESERIC
I DISEASES OR CONDITIONS DIR	#1 -a -	is Secretic CARD	ONSET AND E
ANTECEDENT CAUSE			
DISEASES OR CONDITIONS, IF A GIVING RISE TO THE ABOVE CASTATING UNDERLYING CAUSE L	ANY. (B) UP 3 () UP	R DISEASE -	
STATING UNDERLYING CAUSE L	LAST. DUE TO	24021 2016	
TO THE DEATH BUT NOT RELATE	NS CONTRIBUTING		
DISEASE OR CONDITION CAUSIN	NG DEATH		
19m. DATE OF OPERATION	196. MAJOR FINDINGS OF OPERATION		20. AUTOP
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	G 21b. PLACE (Home, farm, fectory, EATH OF INJURY streat, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or	
	(Day) (Year) (Hour) 21e, INJURY OCCUR		
21d. TIME OF INJURY (Month)	While Py Not		

ELLING A. 2

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VS A1S (4) 1SM 9/5S

298	CERTIFICA	TE OF DEATH		Reg. Dist. No.		
PLACE OF DEATH Baltimore	MARYLAND	2 USUAL RESIDENCE (Whe	and b COUNT	non. Pesidence before admission) Baltimore		
b CITY OR TOWN (If outside corporate I mits, write c LE RURAL and give nearest town)	1 yrs.	Luthervi		RURAL and give nearest town)		
d NAME OF HOSPITAL (if not in hospital, give street oddres	is)	/d STREET ADDRESS 15 Lan Le	ea Drive	IS RESIDENCE ON A FARM? YES NO X		
3 NAME OF First DECEASED (Type or print) Rae S	amuel Ha	111 .	OF	Doy Year -28 19 58		
s. SEX 6 COLOR OR RACE 7 MARRIED X white WIDOWED	J. COLOR OF THE PARTY OF THE PA	8. DATE OF BIRTH 12-26-1895	9. AGE (In years last birthday) 62 yrs	Months Days Haurs Min.		
10o. USUAL OCCUPATION (Give kind of work done 10b. KIND during most of working life, even if refired) Industrial Engineer Rad		Mass.		U.S.A.		
13. FATHER'S NAME Alexander Hall		Grace Ch	napman			
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 SOCIAL (If yes, no or unknown) (If yes, give wor or dates of service) 134-	00 2050	elle N. Hall		Md. a Dr.,Luthervill		
18. CAUSE OF DEATH [Enter only one couse per line for PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) L4 43 X DUE TO Conditions, if any, which gave rise to immediate	(o). (b). and (c)]	Heart Tu	where	INTERVAL BETWEEN ONSET AND DEATH Tweek		
couse (a), stoting the under: DUE TO	RENTERS 12	NOT RELATED TO THE TERMIN	MAL DISFASE CONDITION G	PERFORMED?		
OR CONTRIBUTING CAUSE OF DEATH	HOW INJURY OCCURRED	CEnter nature of injury in Po	ort I or Port II of item 1B)	YES NO		
Hour o. m. While	OCCURRED 20e PLA Not while fac of wark	ACE OF INJURY (Home, form, tary, street, office bldg., etc.)	20f (City or town)	(County) (State)		
21. I certify that I attended the deceased from the anti-signature of the signature of the	and that death	accurred at 1 2 fg. M.D. 200 M. P.C.	2M, fram the causes ADDRESS (Street, city or town	1 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/		
Cremation 1-31-58 G	reen Mount	t	22d. LOCATION (City, town, Baltimore	, Md.		
23 FUNERAL DIRECTOR'S SIGNATURE 522 YOU	ADDRESS K Rd., Tows	son4, Md DATE	BY REGISTRAR 246 REG	SISTRAR'S SIGNATURE		

BUREAU V. L.

8291 IS NAI.

BECEINED

e. IS RESIDENCE

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

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UNKNOWN

YES TO NO IT

(Stote)

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Year

19 58

Reg. Dist. No.

Raltimore

Months

Mm. Cook-Blight, Tnc., 6009 Harfort Bd. Balto. 11. Mc DATE JAN 2 0

director

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death: Page





(Stote)

Mass

North Hampton

24b. REGISTRAR'S SIGNATURE

24n, REC'D BY REGISTRAR

DATE

210 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY **b.** COUNTY Baltimore MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Arbutus Baltimore d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 5720 Makland Road 5720 Cakland Road YES NO K NAME OF 4. DATE First Middle Lost Month Year DECEASED Helen 19 58 (Type or print) Agnes Harrahy DEATH January 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH 9. AGE (In years last birthdoy) Months Days May 25,1870 Female White WIDOWED KI DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if ratired)
HOUSEVILLE Own Home Amherst. Mass. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Daniel Danehy Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address No Mrs.Eileen 5720 Oakland Road None Walsh 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any, which gove rise to immediate **DUE TO** cause (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) Hour o. ft. foctory, street, office bldg., etc.) While Not while at work 🗔 of work 1958 that I last saw the deceased 21. I certify that Lattended the deceased from and that death accurred at X M.M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE 00 PHYSICIAN'S Louis P. Hamburger 1001 St. Paul Street NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county)

Michael's Cemetery

ADDRESS

St. Paul Street

should 26 haurs filled within 24 and attending þ Sub signed ğ burial-transit DIRECTOR: Ild be detach prior to bur D FUNER 0

REMOVAL (Specify) Remova:

23. FUNERAL DIRECTOR'S SIGNATURE

William Cook, Inc.

director, iled with

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VS A15 (4) 15M 9/55 14

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300 CERTIFICATE OF DEATH

_	<u> </u>				Reg	. Dist. No	
1.	PLACE OF DEATH o. COUNTY B altimore	MARYLAND	2. USUAL RESIDENCE (Where deceased liv	ed. If institution Res	sidence before	admission)
			1/10	ž.	HANE	HRUN	dal
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn)	c LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside corporate	limits, write RURAL	and give neares	it town)
_	Rural - Towson	<u> </u>	- lite	7180 K	Jurnie		
	d NAME OF HOSPITAL (If not in hospital, give street of institution Eudowood - Towson 4, Md		6 2 4 G	9/10 20	Innapoli:	a Plant	ON A FARM? YES NO 12
3	NAME OF First	Middle	Lost	4. DATE			
•	DECEASED (Type or print) MARY	· .	HaRRiso.	OF	San	Doy 3 /	1958
5.	SEX 7 6. COLOR OR RACE 7/ MARR WIDOWE	D DIVORCED	B DATE OF BIRTH	1929 21	AGE (In years IF UN lost birthday) Mont	IDER 1 YEAR IF	UNDER 24 HRS
10	USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	KIND OF BUSINESS OR INDU	ISTRY 11 BIRTHPLACE (Sto	or foreign count	(γ) 12.		WHAT COUNTRY?
13.	FATHER'S MAME T Raciop	pa	14. MOTHER'S MAIDEN	MAME G	lenns	e //	
15 Ye	is, no or junkgalwn) [(If yes, give war or dates of service)	SOCIAL SECURITY NO 17	INFORMANT Perso	onal Hist			
_	MO		Hospital Rec	ords, Eu	dowood Sar	natoriu	n
	18. CAUSE OF DEATH [Enter only one cause per line	e for (o), (b), and (c) }	er Presh	manis	Bilates		AND DEATH
	IMMEDIATE CAUSE (6)			, , , , , , , , , , , , , , , , , , , ,	, , , , , , ,		<u> </u>
	Conditions, if ony, which }						
	gove rise to immediate						
	luce serve last						
z		ONE CONTRACTOR OF LIVE	The Total and Total			24222	
CATIO	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	I NOT KELATED TO THE TER	MINAL DISEASE CO	INDITION GIVEN IN	1 1	PERFORMED?
CERTIFI	200 ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D (Enter nature of injury i	n Port I or Port II o	of item 18.)		
AL.		NJURY OCCURRED 20e PL	ACE OF INJURY (Home, fo	rm, 20f (City or	An1	10 . 1	454.4.4
MEDIC	Hour a.m. While of worl	Not white fa	ictory, street, office bldg.,	efc.)	rownj	(Caunty)	(State)
-	21. I certify that I attended the decease	ed from / - 30	. 1958 ta	1-31	19 5 8 tha	t I last saw	the deceased
	alive an 1-31 , 19.5	- ^1	accurred at 630_	P.M. from th			
		111			, city or town, state)		DATE SIGNED
	SIGNATURE MUCTON S	Tres	M.D. Eudowac	d Sanato	rium		** ************************************
	PHYSICIAN'S NAME (Type) Milton B. Kress.	M.D.	Town	4. Maryl	and		
22							
ZZ	REMOVAL INDICATE THEREOF	22c. NAME OF CEMETERY O	FIFT COM		O IS /	18)	(Stote)
23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS //	240 RE	C'D BY REGISTRAR	246 REGISTRAR	S SIGNATURE	
-	ice they Ta	early of	DATE	158	Troo S . n.		

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VS A1S (4) 1SM 9/SS

ARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
	CEPTIFICATE	OF	DEATH	

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L		30		CERTI		716 6	" PEATI	•		Reg. Di	ist. No		
ī	PLACE OF DEATH a. COUNTY				2. USUA	L RESIDENCE (WI		d. If institution: Residence before admission)					
	Balt	Baltimore			MARYLAND		Md.	b. COUNTY	b. COUNTY Balt			imore	
	b. CITY OR TOWN (If outsid	le corporate limit	ls, write	c. LENGTH OF STAY	c CI	c CITY OR TOWN (If outside corporate limits, write I							
	RURAL and give nearest to TOWSO1				55 Towson								
	d NAME OF HOSPITAL (If not in hospital, give street address)					d 51	REET ADDRESS					e. 15 RE	SIDENCE
	1302 Aintree Rd.						1302 Aintree Rd.				ON A FARM? YES NO		
3	NAME OF DECEASED	First		Middle			Lost	ATE Month		De	y	Year	
L	(Type or print) MILDRED					HART	MAN	DEATH	Jan.	Jan.		1958	
5	SEX 6. COLOR OR RACE 7. MARRIED			IED 🗌 NEVER MARRIE	D NEVER MARRIED B		F BIRTH				Days	-	ER 24 HRS
)L		ale white widowed Divorced Nov. 25, 18						78 ast birthday) A			Dayı	Haurs	Min
11	d. USUAL OCCUPATION (Give during most of working life	w kind of work d	lone 10b.	KIND OF BUSINESS O	R INDUS	TRY 11 E	IRTHPLACE (Stote	or foreign c	country)	12. CI	TIZEN C	E WHAT	COUNTRY
	Housewife		a	t home			Iowa						
13	, FATHER'S NAME	<u></u>				14 MO	THER'S MAIDEN N	NAME					
П	Henry J. Braasch Dorothea Auerbach												
15	. WAS DECEASED EVER IN U	S. ARMED FOR	CES? 16	SOCIAL SECURITY NO	17. B	FORMAN	T		Addr	ess			
l'	-		,		M:	r. Wm	. F. Bet	z. Jr.	. 1302 A	intre	e R	d.	
F	18. CAUSE OF DEATH [Enter anly one couse pectine for (p), (b), and (c)]									INTERVAL BETWEEN			
L	PART I. DEATH WAS CAUSED BY: URUTE Cardiae Hailute										ONSET AND DEATH		
	450-0 DUE TO										Lyn		
П	Candillans if any which										/		
Н	gave rise to immedi	gave rise to immediate											
L	couse (o), stating the under- lying cause lost. (c) (c)												
12				ONTRIBUTING TO DEA	ATH BUT	NOT RELA	TED TO THE TERM	NAL DISEAS	E CONDITION GIV	EN IN PAR	27 1/g) 1	9. WAS	AUTOPSY
ATK			_		_							PERFO	NO TA
181	20g ACCIDENT WAS UND	ERLYING [7]	20b. DESC	RIBE HOW INJURY OF	CCURREC	(Enter N	store of injury in I	Port Lor Por	t It of item 18.1			112	NO
PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 20a ACCIDENT WAS UNDERLYING CONTRIBUTING C													
MEDICAL	20c. TIME OF INJURY Mor	nth, Doy, Yea		JURY OCCURRED	20e. PL/	CE OF IN	JURY (Home, form	20f (City	y ar lown)	((County) (State)		
A C	Hour a.m.	19	While of work	Not while at work	roc	iory, siree	, affice bldg., etc.	4					
	21. I certify, that I a	tionded the	desease	d from 144	9 1.	10 1	54 10	24 8	10.57	Pilot	1 .	- 1	
П		mended me	ueceuse		Andrew Market	,	0/11	W.C.Q	1930				
	alive an	4	- 17	and that	aeain	accurre	the same of the same		m the causes a tract, city@r town,		he da	te stat	ed abave
	ACTUAL DE	· × 1/100		Y XX		6	505	dara	PA	si diw)		1-0	7-58
П	SIGNATURE	Much_		1004		W.D		200	LNG		-5		
L	PHYSICIAN'S NAME (Type)	urenc	P C	1201.			Ball	moi	2 /2		m	9	
2.	BURIAL, CREMATION, 226	. DATE THEREO	F	22c. NAME OF CEME	TERY OF	R CREMAT	ORY	22d LOCA	TION (City, town, o	r county)		(Stot	(0)
	REMOVAL (Specify) Burial	1/11/58		4 Druid Ri	doe	Com.			Pikasvill				
23	SUNERAL DIRECTOR'S SIGN	ATURE	0/	ADDRESS 14	/ · O · ·	1	Tha. REC'	D BY REGIS				RE	
1	May & Ju	cherce	UTX	Jours 12	al	10/7	ODATE Y	1 1 158	(Poel	COLLA	h		



E. V UARRUR

New Cathedral Cemetery

RMACOST-4600 Liberty Hights

Baltimore

24o, REC'D BY REGISTRAR

Marvland

24b REGISTRAR'S SIGNATURE

VS A15 (4) 15M 10/57 Burial

death.



BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 FOR STATE Rea. Dist. No. EALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a COUNTY Hest. Reolth, O. STATE **b** COUNTY MARYLAND b. CITY OR TOWN [If outs do corporate I mils, write RURAL c LENGTH OF STAY IN 16 c., CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lawn) 700 d. NAME OF HOSPITAL OR INSTITUTION (I not a hospital, give street address) d STREET ADDRESS ONA FARMS Bavnesville LASS NO 3. NAME OF First ,-4. DATE Month Year DECEASED (Type or print) DEATH 19 5 SEX 6. COLOR OR RACE 7. MARRIED . NEVER MARRIED . AGE (In year) IF UNDER TYPAR IF UNDER 24 HES _dos) birthday) Manths Days Hours Min. WIDOWED A 10 CV 10a USUAL OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OR INDUSTRY oge 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT Address wer or dotes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) **DUE TO** Conditions, if ony, which gave rise to immediate couse **DUE TO** (a), stating the underlying couse tost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERM NACO SEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO A 20g. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) ief Med PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year 20e PLACE OF INJURY (Home, form, 20f. (City or lawn) (County) (Slote) factory, street, office bldg., etc.) Hour O. m. White Not while at work at work 21. I certify that I took charge of the remains described above, held on Autopsy ... Inspection ond in my CTOR opinion death resulted from: Natural causes A. Accident Suicide . Homicide . Undetermined monner OIRE **ACTUAL** DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER F **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER [] Shou FS 220. BURIAL CREMATION 1226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 27d. LOCATION (City, lawn, or county) REMOVAL (Spenily) 23. FUNERAL DIRECTOR S SIGNATURE **ADDRESS** 240 REC'D BY REGISTRAR-24b_REGISTRAR'S SIGNATU VS A15ME 5M 2 57 DATE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

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	306	CERTIFICA	TIE OI DEATH	,	Reg. Dist. No.
	COUNTY BALTIMOBE	MARYLAND	2. USUAL RESIDENCE (Who o STATE	b COUNTY	BALTO
	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)	H OF STAY IN 16	e. CITY OR TOWN (IF or	itside carporale limits, write R	RURAL and give nearest tawn)
d.	NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION SEIN THE PINES, LEFUSTIN	IC AUF	d STREET ADDRESS	V 411 BD	e is residence on a farm? YES NO DR
3 NA	ME OF First	Middle	lost	4. DATE Mon	
DE (Ty	ceased pe or print) SAMVEL E,	HE	ATON	DEATH JAN	16, 1958
5. SEX	6. COLOR OR RACE 7. MARRIED NE WIDOWED	D VORCED	8 DATE OF BIRTH	9. AGE (In years last birthday) yrs.	Months Doys Hours Min
10a. L	SUAL OCCUPATION (Give kind of work done 10b KIND OF Buring most of working life, even if retired)		STRY 11. BIRTHPLACE (State	ir foreign country)	12. CITIZEN OF WHAT COUNTRY
12 FA	THER'S NAME	15, Co,	14. MOTHER'S MAIDEN N	AME	0,0,1,
	WILLIAM HEATON		REBBE	CCA GRE	ER
	AS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SE	CURITY NO. 17. 11	nformant BCBFCSIF HI	EATEN IN 3 N	1941 102 Will RE
118	. CAUSE OF DEATH [Enter only one cause per line for (a), ((b), and (c)]	SU LIVE OF COMMENTS	7,000	INTERVAL BETWEEN
	PART I DEATH WAS CAUSED BY	m	andia / 2m	Res-Tin	ONSET AND DEATH
	IMMEDIATE CAUSE (a) LECTO LECTO DUE TO	11.300	2020,000)	1 da.
	Conditions if any, which) to Chamis	Hatrat	in Contino	Carlo Pran	190 152
	gove rise to immediate	Сучися	BULL STORY	assisty - 15-12	The state of the s
	ying cause fast.				
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	ING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIV	VEN IN PART I(g) 19. WAS AUTOPSY PERFORMED? YES NO P
F = 10	OG ACCIDENT WAS UNDERLYING TO 206. DESCRIBE HOW R CONTRIBUTING CAUSE OF DEATH FEITHER, NOTIFY MEDICAL EXAMINER;	V INJURY OCCURRED	D. (Enter nature of injury in P	ort I or Part thal item 18.)	7
₹ 20	c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCC	URRED 20e. PL	ACE OF INJURY (Home, farm,	20f. (City or town)	(County) (State)
MEDICA1	Haur a.m. While Not v p. m. 19 at wark ☐ at wa	411116	tlory, street, office bldg , etc.		
-	1. I certify that I attended the deceased fram	9 - 8	1949, 10 1	-16 ,1958	that I last saw the decease
0	live on 1908,	and that death	accurred at & Pa	M, fram the causes of	and an the date stated above
Н.	- and V.4 11		1	LODRESS (Street, city or town,	state) DATE SIGNE
SI	GNATURE Stebson 1 To fell are	71.7	MD 6269 Inc	deres / is	11/8/56
P	HYSICIAN'S MIMERK, Galla	988	Bellen	14-28, me	1.
	URIAL CREMATION, 226 DATE THEREOD 22c. NAM	ME OF CEMETERY O	R CREMATORY	22d LOCATION (City, town,	or county) [Stole]
1	SUBIAL VANIZONS WE	COLHWAI	CEMI,	HICODIAU	IN MD.
23 FU	NERAL DIRECTOR'S SIGNATURE ADDI		2		STRAR'S SIGNATURE
WI	TOKE FUNERAL DIR. 410/ E.	111111111111111111111111111111111111111	ON AVE DATES	2 h 158 & "an f	2 *

VS A15 (4) 15M 9/5S

EUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

ENEEVO N. S.

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filed.wit unerol should 24 hours within comple deoth ofter physici lending that þ igned by permit. te hos been sig buriol-tronsit p puo physician. removol certificate DIRECTOR: P O HOSPITAL FUNER Poge 10 VS A15 (4) 15M 10/57

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BUBEAU V.

BECEINE

I C SCALLAL OR ALLENDING THIS SELECTION REQUISES THE GOOD CERTIFICATE OR EXECUTED WHITE A DULY CITED COOLIN TO SE		TO FUNE AL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral direct	page 1 yild be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages and 2 should be filed wi	,
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×	may be retained by the haspital or attending physician.	REC	pe	the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.
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MAF	YLAND STAT	E DEPARTMENT OF HEALTH—BALTIMOR	E, 18
	Item	lale, estical leifera et	
\$ \$*	309	CERTIFICATE OF DEATH	Reg. D

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Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o STATE b. COUNTY MARYLAND Baltimore Mary land Baltimore b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN [If outside corporate limits, write RURAL and give nearest town] RURAL and give nearest lown) Parkville d. NAME OF HOSPITAL (If not in hospitol, give street oddress) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 2722 Alden Rd YES NO D-V 2722 # Alden Rd NAME OF First Middle 4. DATE Manth Year Day DECEASED DEATH (Type or print) Mary A. Hinton 10 19 ER 5 SEX 6 COLOR OR RACE 7 MARRIED THEYER MARRIED IF UNDER I YEAR IF UNDER 24 HPS 8 DATE OF BIRTH 9. AGE (In years last by (hoday) Months Dovs Hours emale DIVORCED [WIDOWED [7] 100 USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Mark assen 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). 2. 41 och DUE TO Conditions, if ony, which gave rise to immediate couse (a), stoting the underlying couse lost. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? YES NO T 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or lawn) 20d. INJURY OCCURRED (County) (Slole) factory, street, office bldg., etc.) Haur o.m. While Nat while of work of work 21. I certify that I attended the deceased from 52 ass that I last saw the deceased and that death accurred at Z M, fram the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) REMOTAL (Specify) / emeteru 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

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310 CERTIFIC	Reg. Dist. No.
Baltimore Maryland	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o STATE Maryland b. COUNTY
b. CITY OR TOWN (If autude corporate limits, write RURAL and 9B81U11IIOP8	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) Baltimore
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Ridge Nursing Home	d STREET ADDRESS 7707 Wynbrook Road o IS RESIDENCE ON A FARMY YES NO
NAME OF DECEASED (Type or print) Margaret	Holzheid 4. Date January 22, 1958 19
Female 6 COLOR OR RACE 7. MARRIED NEVER MARRIED Wildowed DIVORCED	8 DATE OF BIRTH July15, 1875 9. AGE (In years FUNDER 1 YEAR OF UNDER 24 HRS Months Days Hours Min
00 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IND during mpy of working life, even if retired)	USTRY 11 BIRTHPLACE (Stote or foreign country) Germany 12. CITIZEN OF WHAT COUNTRY U. S. A.
John Welter	14. MOTHER'S MAIDEN NAME UNKNOWN
Wat an at the state of the stat	ichael Holzheid-7707 Wynbrook Road
200 ACCIDENT WAS UNDERLYING 206 DESCRIBE HOW INJURY OCCURR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. TIME OF INJURY Month, Day, Your 20d, INJURY OCCURRED 20e. I	Candre Coscile Besen Lufren Candre Coscile Besen Lufren Candre Coscile Besen Lufren Later 14 de a Trinot related to the Terminal disease condition given in part 1(o) 19 Was autopsy PERFORMED? YES NO D PLACE OF INJURY (Home, form, 20f (City or town) (County) (State lockory, street, office bldg., etc.) 193 7, 10 112 2 1937, that (last saw the decease
	ADDRESS (Street, city or town, state) ADDRESS (Street, city or town, state) MD. 4605 Gelhorden and 1/2 4605 EDMONDSON AUE 1/2
Burral (Specify) 1/25/58 Moreland Me	emorial Park Baltimore, Maryland
23. John A. Baltimer -3000 E. Baltime	ore St. 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

may be stained by the hospital or attending physicion.

TE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and nonlitetely filled in by the funeral director, page 3 and be detached for use as the burial-transit permit. Then please remove carbon papers. Page: Ad 2 should be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours after death. Page 4 VS ATS (4) 15M 9/SS

B.V. Camarul

DEALES NO

CERTIFICATE OF DEATH 211 Rea. Dist. No director, filed_with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. COUNTY Balto. **b.** COUNTY MARYLAND Balto. death. eroi b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS OR INSTITUTION 508 Gun Rd. Gun Rd. NAME OF DECEASED First Middle 4. DATE lost Month OF ROSS STUART HOSMER DEATH (Type or print) Jana 6 COLOR OR RACE | 7. MARRIED TO NEVER MARRIED 5 SEX 8 DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Days male white WIDOWED | DIVORCED [popers. July, 5 100. USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY 11. BIRTHELACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Sales Manager (rtd Nat. Bob Co. Md13, FATHER'S NAME 14 MOTHER'S MAIDEN NAME Ross Lewis Hosmer Bessie -15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs. Anna Frances Hosmer - 508 Gun Rd. Relay.Md 110 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH ╗ PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) ል Ē ony Conditions, if any, which gove rise to immediate **DUE TO** couse (a), stoting the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? CATION 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of Item 18) ő MEDICAL 20s. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month. Doy, Year 204 INJURY OCCURRED 20f (City or town) (County) factory, street, office bldg , etc.) Hour o. m. While Not while at work of work 21. I certify that I oftended the deceased from. 📆 , and that death accurred at M, from the causes and an the date stated above. ADDRESS (Street, city or lown, state) P NAME (Type) 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) REMOVAL (Specify) Burial 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a, REC'D BY

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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IS RESIDENCE

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VS A15 (4) 15M 9/55

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Baltimore, Maryland.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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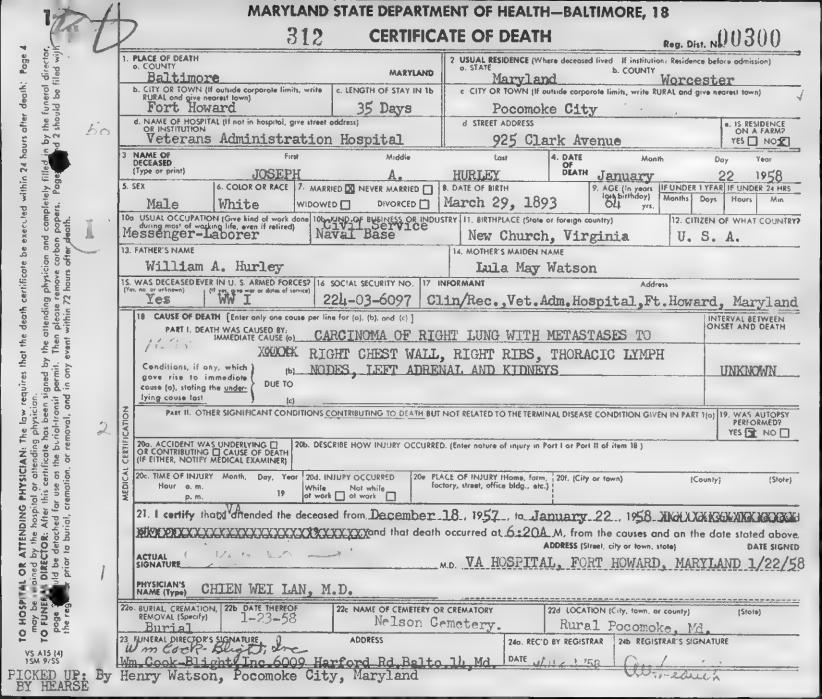
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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<u> </u>	·		LU	GEICH	10/		<i></i>	•		Reg. Di	st. No.	
1	PLACE OF DEATH					2 USUAL RES	IDENCE (Wh	ere deceased	lived If insti	itution: Resider	ice before o	odmission)
1	a. COUNTY PA	1 77		MARYL	AND	o. STATE)		b. 69UI	YIY, TO		
\vdash	h CITY OF TOWN (I	f outside corporate limit	s wella	c. LENGTH OF STAY II	1 15	* CITY OR	ZOWNI III -	utania amana	to the its such	le RURAL ond		4 4
1	RURAL and give no		*, WIII	4	1 IB	c. CIII OK	IOWIN (III 0	ininge carpore	ore limits, wri	ie KUKAL ond	Bise ueater	r rown}
	ANN	ESLIE		35 425		1. Ar	INES	LIE-				
	d. NAME OF HOSPIT	Al. (If not in hospital, gi	ive street a	ddress)		d. STREET	ADDRESS	_		0	e. 1	S RESIDENCE ON A FARM?
	631	SHERL	dogs	QD.		631	15	HERV	QOOU	KO		ES NO D
13	NAME OF	- Fin		Middle		lo	4	4. DATE		1116		
1	(Type or print)	DORA	"	, 🔾		10-		OF DEATH	1.	Month	Day	Year
			-			12001	ND			717	1 1	19 58
3.	SEX	6. COLOR OR RACE	- MARRI	ED 🔲 NEVER MARRIED		DATE OF BIRT	'H	15	AGE (in ye last birthda	ors IF UNDER		UNDER 24 HRS.
	-	W	WIDOWE	DIVORCED		nec 3	1,181	18		yrs William	DOJS I	Will,
10	USUAL OCCUPATIO	N (Give kind of work d	lone 10b. K	IND OF BUSINESS OR	INDUST	RY 11. BIRTHP	LACE (Stote	or foreign cau	intry}	12 CI	IZEN OF V	WHAT COUNTRY?
П		ing life, even if refired)	Di	Uni Home		BA	170	MO			11 <	5
13	HOUSEN FATHER'S NAME		10.	VIN TIOTI		14. MOTHER'S	E MAIDEN'S	IAME				
1.0	1	Vocas	201			14. MOTHER.						
L	1041		الما				Unk	mown				
		R IN U. S ARMED FORE		OCIAL SECURITY NO		ORMANT	10.		,	Address		
T.	No	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			WH	ORTON	IREL	QUIA-	6	311 3	SHED	wirdo R
F	18. CAUSE OF DEA	TH [Enter only one co	use per line	e for (a), (b), and (c).1	-						INTERV	AL BETWEEN
	PART I, DEATH WAS CAUSED BY: 1 2 TE CIC SCI I TO TE C HEADT 1, C ST ONSET AND DEATH											
	IMMEDIATE CAUSE (a) 11 12 A COCKER OF CONTROL OF CONTRO											
	420.0	DUE TO										J
	Canditions, if any, which											
П	gave rise to immediate DUE TO											
П	lying couse last. (c)											
Įz	PART II. OTH	IER SIGNIFICANT CON		ONTRIBUTING TO DEAT	H BUT N	OT PELATED TO	THE TERMI	NAI DISEASE	CONDITION	GIVEN IN PAR	T 1701 10 1	WAS ALITOPSY
CERTIFICATION						OI RED ILD II	J III LEKIMI	I TOTAL DISCUSE	CONDITION	OU DA HA LAK	' ' I	PERFORMED?
											YE	ES NO TA
	OR CONTRIBUTING	CAUSE OF DEATH	206. DESC	RIBE HOW INJURY OC	CURRED	(Enter noture o	at injury in f	Port I ar Part	ll at item IB.)			
		MEDICAL EXAMINER)	NO	NE								
WEDICAL	20c. TIME OF INJUR	Y Month, Day, Yea	20d. IN	JURY OCCURRED 2	De PLAC	E OF INJURY	Home, form	20f. (City o	or town)	((County)	(Stale)
03	Hour g, m, p, m.	19	While of work	Not while	10010	ry, street, offic	e bidg., elc.	1				
2			'					<u> </u>		·		
	21. I certify th	at Lattended the	decease	d from		, 19 <u></u> 2	2, 10.32		, 19	that L	last saw	the deceased
	alive an 😃	W-183	125	, and that a	death a	accurred at	12-7	M, from	the cause	s and an ti	he date	stated above.
П		2001	1 0.	Di di				ADDRESS (Sin	sel, city or to	wn, stale}		DATE SIGNED
	ACTUAL	TJ. CA	- Carlot	au		. 63	-10	SPEN	r RI			
П	31014ATOKE	1 - 0	. 1		FV1.	D		4				
	PHYSICIAN'S NAME (Type)	4.5. Ct	JA!	LFANI	,		19	xlon	2-61-6	13		
12	O. BURIAL, CREMATIO REMOVAL (Specify)	N, 226. DATE THEREO	F	22c. NAME OF CEMET	ERY OR	CREMATORY		22d LOCATIO	ON (City, taw	m, or county)		(Stole)
L	BLEIN	32-21-1	5	LOUDON	171	21/		RAC	TO			70
23	. FUNERAL DIRECTOR"	S SIGNATURE	-	ADDRESS		0	24a. REC'U	D BY REGISTR	AR 24b. R	EGISTRAR'S ST	GNATURE	
11	1 W Jenivio	K + Sou	5 (0	. 4905 V	NOV	KO	DATE		0	1	- 1	
E	, , , , , , , , , , , , , , , , , , , ,	(7 0	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-1-1-	15/	JAC	414 35		Francisco	2 1	
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BULEAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. A.

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			5	CERTI		IL OI DE	~ 111			Reg. Dist.	No.	
1	PLACE OF DEATH o. COUNTY	Baltimor	9	MARYI	AND	2. USUAL RESIDEN	rylar	re deceased 1d	l lived. If institute b COUNTY	Baltin	before odn	nission)
	B. CITY OR TOWN (outside corporate limits, w screst town) LTC	rile c. LEN	hrs. 50				side corpo	rote limits, write f	RURAL and giv	e nearest to	own)
	OR INSTITUTION.	AL (If no) in hospitol, give s dministratio				844 Ch		Hill	Road		101	RESIDENCE I A FARM?
3.	NAME OF DECEASED (Type or print)	ROBER	T	Middle I.		JACKSON		4. DATE OF DEATH	Jannary		Por	Year 58
S .	Male Male	0.7	MARRIED C	DIVORCED		DATE OF BIRTH			9. AGE (In years lost birthday) 113 yrs.		YEAR IF UN	7
104	Bootblack	ON (Give kind of work done king life, even if retired)		f BUSINESS OF		Maryl		r foreign co	ountry)	12. CITIZI	U.S.	AT COUNTRY?
13.	FATHER'S NAME					14 MOTHER'S MA						
	George Jac	ckson				Lu	la L	86				
15. [Ye	WAS DECEASED EVE	R IN U.S. ARMED FORCES?		1-0785		formant n.Rec.Div	, Vet	s.Adm	in.Hespi		.Howa	rd,Md.
	18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) CEREBRAL HEMORRHAGE, RIGHT ONET ALL DEATH ONET AL										BETWEEN HOURS	
FICATION) (c) HER SIGNIFICANT CONDITION				·				VEN IN PART I	PER	S AUTOPSY FORMED?
L CERTI	OR CONTRIBUTING	AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HE	DW INJURY OF	CURRED	(Enter noture of in	lury in Po	rl I or Port	11 of dem 18 }			
MEDICA	20c. TIME OF INJUR Hour o. m. p. m	V V		OCCURRED of while work	20e. PLA: foci	CE OF INJURY (Honory, street, office blo	ne, form, dg. elc.)	20f (City	or town)	(Cou	unity)	(State)
	PHYSICIAN'S	HIEN WEI LAN.	M.D.									
22	BURIAL CREMATIC REMOVAL (Specify) BULLAL		<i>a</i>	Baltimo					More, Ma		(5	tole)
7	TUNERAL DIRECTOR	Cooper 512 N.		DDRESS	TO D	alto Md D/		BY REGIST		STRAR'S SIGN	ATURE	
43.	الوكالمال				WELD.	أللت المالية		BB 7 4		7-7-7-1	A	

VS A1S (4) 1SM 9/55

 METRUCTIONS

316 CERTIFICATE OF DEATH

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Reg. Dist. No.....

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Baltimore MARYLAND	STATE Maryland COUNTY Baltimo	re
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest to	wn)
OR and give nearest lown) of TOWN (in this place)	X TOWN Kingsville	
HOSPITAL OR	STREET (if rural giva location)	
INSTITUTION OR	Jerusalem Rd.	
STREET ADDRESS Jerusalem Rd. 3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day	1 (Y)
(Type or Print) Charles E. Jone	OF 3	
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M 247.22 April		
10e, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supt. Carpenter Edgewood Arsenal		DUNTRY?
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
John W. Jones	Bertha Kinderfodder	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	
(Yes no, or unk.) (If Yes, give wer of dates of service)	rs. Mellie A/Jones Kingsvill	le, Md.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		NTERVAL BETWEEN
		15
MMEDIATE CAUSE (A) Carcino	metastasis	1 3 7 130
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	Metal tosis	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory,	21c. WHERE DID INJURY OCCUR? (City or town) (County)	YES NO (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21s. INJURY OCCURRED While Not while at work	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April	1 , 1955, to V2 - 25 1954 that I last	saw the deceased
alive on J	M. from the causes and on the date stated ab	ove.
SIGNATURE	ADDRESS (Street, city, town, state)	DATE BIGNED
William G. / you MD.	Kingsville, Md.	1-25-58
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR REMOVAL (SPECIFY)		(State)
Burial Jan. 28, 1958 Balto, U.S. 1	Vational Baltimore, id.	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDR	ESS
DATE MAN 2 8 '58 Proposition	Dessaler trues of Home 740	1 Below Ro



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution_Residence before edmission) p. COUNTY filed b. COUNTY MARYLAND death. erd b. CITY OR LOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 CSTY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL of give negrest town should I d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? YES NO D NAME OF First Middle DATE Month Day DECEASED (Type or print) within 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Months Doys Hours Min. WIDOWED P DIVORCED 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? wring most of working life, even if retired) 11.51 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** ۵ gub Conditions, if any, which (b) gove rise to immediate **DUE TO** couse (a), stating the underumoho coniosis lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 11 of item 18) 20e. PLACE OF INJURY (Home, form, 20f. (City or town)/ 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED Day, Year (County) (Stole) foctory, street, office bldg., etc.) Hour a.m. While Not while at wark of work 19____that I last saw the deceased I certify that I aftended the deceased from... 150 PM, from the causes and an the date stated above. and that death accurred at alive on DATE SIGNED ACTUAL SIGNATURE 2 HOSPITAL PHYSICIAN'S NAME (Type) FUND 220 BURIAL CREMATION 226 DATE THEREOF 22c. NAME (Stote) aria 0 0 **ADDRESS** 240. REC'D BY REGISTRAR 23 FUNERAL DIRECTOR'S SIGNATURE 24b REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55

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VS A15 (4) 15M 9/55

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18

319 CERTIFICATE OF DEATH

8 () () 3 () 7 Req. Dist. No.

			 											
	1. PLACE OF DEATH a. COUNTY	Baltimore MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY 3 1to.								
	b CITY OR TOWN (If outside corporate limits, write RURAL and give neacest town) Catonsville				b c. (c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Catonsville								
5	d. NAME OF HOSPITA	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 108 Cherwdell Rd.			/d	STREET ADDRESS	ry `ell	. Rā.				IDENCE FARM? NO		
	3 NAME OF DECEASED (Type or print)	Johi		Joseph Kar	/anag	h Sr.	4. DATE OF DEATH	_	nih l.	29	,	reor 19 58		
	5. SEX M	6. COLOR OR RACE	7. MARR	D DIVORCED	B. DATE	OF BIRTH 2.189	4	9. AGE (In years lost birthdoy)			IF UNDE Hours			
	100. USUAL OCCUPATIO during most of works ZOOKEE	ng life, even if relired	1 _	kind of Business or in ark Board	DUSTRY 11		ate or foreign o	country)	12. 0	ITIZEN C	OF WHAT	COUNTRY		
	13. FATHER'S NAME	John J.	Kava	anagh	14. N	OTHER'S MAIDE		lget Mur	ray		,			
	15 WAS DECEASED EVER (Yes, no or unknown) (1	IN U. S ARMED FOR	CES? 16.		information in the second	J.J.Ka		Add	dress	/del	1 R	1.		
	PART I. DEAT	TH WAS CAUSED BY. IMMEDIATE CAUSE (o DUE TO Ty, which	. (-)	re for (o), (b), and (c)]	ale	in the	nom c (i	bosis		INTI	ERVAL BE	WEEN DEATH		
	ZO ACCIDENT WAS) (c ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH E					VEN IN PA	ART 1(o)	PERFO	AUTOPSY RMED? NO [
	20c. TIME OF INJURY Hour a. m. p. m.	MEDICAL EXAMINER)	While	JURY OCCURRED 20e Not while of work	PLACE OF foctory, str	INJURY (Home, feet, office bldg.,	form, 20f (Cit	y or lown)		(County)		(Stote)		
	21. I certify the alive an	attended the	decease 195		oth accur	194, 3, 10 red at 9	M, fro	m the causes street, city or town	and an	last so	te state	deceased ad above TE SIGNED		
	220 BURIAL CREMATION REMOVAL (Specify) BUI'L	2-1-58	F	22c NAME OF CEMETERY Cathedral			22d. LOCA	TION (City, town, B' 1to.	or county	Md.	(Stote)		
	23. FUNERAL DIRECTOR'S	signature Funeral .	10 .0	ADDRESS		24a. R	EC'D BY REGIS		ISTRAR'S S		RE			

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R. V UATRUS

erol director, be filed with executed within 24 hours after death. Page funeral should 70 þ permit. been signed 5 2 5 FUNER Page 3 0

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	retained by the hospital ar attending physician.	10	deta	and prior to burief, cremotion, or removel, and in one aware within 70 hours offer death
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VS A15 (4)

15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 323 **CERTIFICATE OF DEATH**

Rea, Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o. COUNTY **b.** COUNTY Baltimore MARYLAND Maryland CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) RURAL and give nearest town) Catonsville mths Baltimore d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 3617 Hayward Avenue SPRING 3 TATE HOSPTTAL YES NO First Middle Month Year DECEASED Kitt 19 58 (Type or print) Mose DEATH Rimma January 5 SEX 6. COLOR OR RACE 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED T NEVER MARRIED T 8. DATE OF BIRTH lost birthdoy) Months female white Days Hours WIDOWED K DIVORCED [7] Dec. 1874 83 100 USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY during most of working life, even if retired) New York U. S. A. house wife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Dora Kebart Moe Moss 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no or unknown) (If yes, give wor or dates of service) Unknown Records: SPRING G ROVE STATE HOSPITAL no 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular Disease IMMEDIATE CAUSE (0) DUE TO Generalized arteriosclerosis Conditions, if any, which (b) gove rise to immediate DUE TO cause (o), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO TO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRISE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18) HE EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Slote) Hour o. m. foctory, street, office bldg., etc.) While Not while of work at work 21. I certify that I attended the deceased from March 18 Jan. 22 19 58 that I last sow the deceased and that death occurred at 2:00a, from the couses and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SPRING GROVE STATE HOSPITAL SIGNATURE PHYSICIAN'S Stella Wachsler, M. D. Catonsville 28, Maryland NAME (Type) 220 BURIAL CREMATION, 226 DATE THEREOF 22LINAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) FUNERAL DIRECTORS SIGNATUI 24b REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR DATE

UREAU V. S.

DECENTED IN

Reg. Dist. No.

1. PLACE OF DEATH g. COUNTY			MARY	AND.	2. USUAL RESID			l fived. If institu	Υ			ion}
	Baltimore						land			<u>timo</u>		
b. CITY OR TOWN (RURAL and give n	If outside corporate limi earest tawn)	its, write	c. LENGTH OF STAY	IN 15	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
	y's Quarte	rs			`. B	owley	r's Que	arters				
d. NAME OF HOSPI	TAL (If not in haspital, g	ive street	address)		, d STREET A	DDRESS					e. IS RES	IDENCE
OR INSTITUTION	Box179 Long	g Bea	ch Rd. Rt	-/15	Box 1	79 Lo	ng Be	ach Rd.	Rt.	15		FARM?
3. NAME OF	Fi	ref	Middle		Lost		4. DATE	Mo	inth	Do	y 1	Yeor
(Type or print)	James	Kok					OF DEATH	Januar	All and the second			19 58
5. SEX		7- MARE	RIED 📆 NEVER MARRI	ED 🔲 B	DATE OF BIRTH			9. AGE (In year lost birthdoy)	Months	~~~~	IF UNDE	R 24 HRS.
Male	White	WIDOW	ED DIVORCE		2-5-1877			80 yr	111011111111111111111111111111111111111	Days	Hours	min,
10a. USUAL OCCUPATI	ON (Give kind of work	done 10b.	KIND OF BUSINESS O	R INDUST	RY 11. BIRTHPL	ACE (Stote	or foreign co	ountry)	12. 0	ITIZEN C	F WHAT	COUNTRY
Decrors	king life, even if retired)	Retired		Gr.o.o	haala	vakia		,	* 17		
13. FATHER'S NAME	1001		Verried		14. MOTHER'S				1 4	J. S.	A	
13. IMITIER S ITANIE	TYD22				14. MOTHER 3	MAIDEN	AMME					
	UNkown					Nkowr	1					
15, WAS DECEASED EVI	ER IN U. S. ARMED FOR (If yes, give wor or dates of s		SOCIAL SECURITY NO	. 17. IN	FORMANT			Ad	dress			
No	(is yes, then we or other or i		68-05-6688	Fı	ank Kok	8	Sar	16				
18. CAUSE OF DE	ATH [Enter only one co	ouse per li	ne for (o), (b), and (c).]						INT	ERVAL BE	TWEEN
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (c									UNS	SET AND	HIASO
3 4.7	DUE TO						-	- ,				
		,				f						
Conditions, if a		1										
catse (o), sloting												
lying couse last.	} (0)(
PART II. OT	HER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DE	ATH BUT N	OT RELATED TO	THETERM	INAL DISEASI	E CONDITION G	IVEN IN PA	RT 1(a) 1	PEREC	AUTOPSY
PART II. OT											_	NO I
	AS UNDERLYING []	20b. DES	CRIBE HOW INJURY O	CCLIRRED	(Enter nature of	injury in	Port I or Port	tl of item 18.)				
G (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)					,						
	RY Month, Day, Ye	or 20d. I	NJURY OCCURRED	20e. PLA	CE OF INJURY I	lome, form	n, 20f. (City	or town)		(County)		(Stole)
Hour a.m.	19	While at wor		tact	ory, street, office	bldg., etc)					
-			7.		- 11		1 -					
21. I certify t	hat I attended the	deceas	ed fram.	سنكبده	7 19	, ta	Tana	12/., 19_:	ا that:ا	last so	aw the	decease
alive on		, 12_	, and that	death :	accurred at.		M, fron	n the causes	and an	the da	te state	d abave
			, ,			/ -		reet, city or town				ATE SIGNE
ACTUAL	126	1 4		VE JN	. 17:	7 ~	407	. H1	4-1		1	, .
SIGNATURE	- /			7 N	.D	,						landa planeta
PHYSICIAN'S NAME (Type)	A-6-1	156/	colonela	18	/	7 =	1			1		
22a. BURIAL, CREMATIC	ON, 22b. DATE THERE)F	22c. NAME OF CEM	ETERY OR	CREMATORY		22d. LOCAT	ION (City, town,	or county		(Stote	e)
REMOVAL (Specify Burial	2/1/58		Oak Lawn	Ceme	tery		Balt	to. Goun	tv. W	d.		
23. FUNERAL DIRECTO			ADDRESS			24a. REC'	D BY REGIST		ISTRAR'S		RE	
LANCE P	Bruzdzinsk	i. 140	7 71 1			DATE		3	Lede	uch		
Jumon J.	DI UZUALIISA.	エーエ任し	7 Eastern	ATPA.		DATE						

may be retained by the haspital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 and be detached far use as the burial-transit permit. Then please remove carban papers. Pages d 2 shauld be filed with the reg art prior to burial, cremation, ar remaval, and in any event within 72 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The flow requires that the death certificate be executed within 24 hours after death. Page 4

BUILDAU V. 8.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

WILLIAM COOK-BLIGHT INC. FUNERAL HOME, 6009 Harford Rd., Balto., Md.

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VS A15 (4) 15M 9/SS

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DECENTED.

1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	00215
		326 CERTIFICATE OF DEATH	00315 Dist. No.
director, led with	·	PLACE OF DEATH a. COUNTY BALTIMORE MARYLAND 2 USUAL RESIDENCE (Where deceosed lived. If institution: Res o STATE MARYLAND B. COUNTY B.	
uneral Id be)	b. CITY OR TOWN (If outside corporate limits, write RURAL or of the necrest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL or of the necrest town) E. A. C. CITY OR TOWN (If outside corporate limits, write RURAL or of the necrest town)	and give nearest town)
by the f		d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 42 FREDERICK ROAD 42 FREDERICK ROAD 42 FREDERICK ROAD 45 FREDERICK ROAD 45 FREDERICK ROAD 46 STREET ADDRESS	OA O YES ON O ST
es in a se		NAME OF DECEASED (Type or print) NAME OF DECEASED (Type or print) NAME OF DECEASED (Type or print) NAME OF DEATH JANUARY	Day Year / 19 5 8
d within			DER I YEAR IF UNDER 24 HRS
ond camp ond camp on paper	1	OUSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) HOUSEWIFE OWN HOME 12.	CITIZEN OF WHAT COUNTRY?
ician or e carba rs after	Alle Control of	3. FATHER'S NAME UNKNOWN 14. MOTHER'S MAIDEN NAME UNKNOWN	M/N/
ng phys e remay 72 hau		S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT. Ves. no. or upsknown) (If you, give wor or dates of service) NONE Address HORER HORER	FREDERICK K
attendi n pleas I within		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE CONCESTIVE HEART FAILURE	INTERVAL BETWEEN ONSET AND DEATH
by the		Conditions, if any, which) OU COROWARY ATHEROSCIEROSCIES	YEADS
equires in signed it perm nd in ar		gave rise to immediate cause (a), stoling the under- lying cause lost.	J CARC
physicic os been ial-trans ovol, o		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO [2]
ending ficote h ficote h ficote h for rem		20a. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
nt ar att his certs use as		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. p	(Caunty) (State)
After the ched for uniol, cn		21. I certify that I attended the deceased from JPN 19 1959, to JAN 19 1959, that alive on JRN 4 1959, and that death occurred at 920 P.M. from the causes and o	t I last saw the deceased
d by the		ACTUAL SIGNATURE Sound & Trade, M.D. & Cleott Ctt. 244	DATE SIGNED
retoine AL DIN	a sheet	PHYSICIAN'S NAME (Type) DONALD F. FISHER M.D. ELLICOTT CITY MY	Laurel.
moy be moy be FUNE page 3 he reg	ζ,	20. BURIAL, CREMATION, 12th. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 1 22d. LOCATION (City, town, or coun BURIAL (Specify) JAN. 22, 1958 St. JOHN'S EMETERY Ellicott C	it) (State)
VS A15 (4) 15M 9/55	1, 1	3. FUNERAL DIRECTOR'S SIGNATURE LADORESS, Catonsville 28, Md DATE JAN 2 4:58 CALONSVILLE 28, Md DATE JAN 2 4:58	SIGNATURE
		VW,	-eouth

NAL WALL

BUREAU V. S.

	327	CERTIFIC	CATE OF DEATH		Reg. Dist. No. 11(1316)
PLACE OF DEATH O. COUNTY	TIMORE	MARYLAND	g STATE	ere deceased fixed. If institution b. COUNTY	oni Residence before admission)
b. CITY OR TOWN (If autside of RURAL and gave nearest taw	n)	c. LENGTH OF STAY IN 11		utside corporate limits, write RI	URAL and give nearest town)
d NAME OF HOSPITAL (If not OR INSTITUTION	in hospital, give street o	ELD RD,	A STREET ADDRESS HE/W/	HITFIELD	RD, IS RESIDENCE ON A FARM? YES NO DE
3. NAME OF DECEASED (Type or print) ADB	First ELINE	Middle LA	MBERT	4. DATE Mon OF DEATH	th Doy Year 26 195 6
5. SEX F. 6. COL	U WIDOWE	_	LINE 5, 187	9. AGE (In years last birthday) yrs.	Months Doys Hours Min
10a USUAL OCCUPATION (Give during mast of working lyte,	kind of work done 10b, I even if retired)	KIND OF BUSINESS OR IN	MD,		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME THIL	IP HA	YEL	ATTELONI	4 ScHWI	NG.
15. WAS DECEASED EVER IN U. S {Yes. no. or unknown} [If yes, give	ARMED FORCES? 16. :		INFORMANT MRS MILDREI HEI WHITFIG		**
		1 - 1/2	lumone		INTERVAL BETWEEN ONSET AND DEATH
441X Conditions, if any, which	191				
gove rise to immediate cause (a), stating the under lying cause last.	(c)				
3 Generaliza	rd arterio	sclarcis	st peratur,	oreverna of	TER SI 16) 19 WAS AUTOPSY PERFORMED? YES NO
	EXAMINER)		IRED (Enternature at injury in P	U	
20c. TIME OF INJURY Month Hour e. m, p. m.	n, Doy, Year 20d. IN While at work	Not while	PLACE OF INJURY (Hame, form, factory, street, office bldg , etc.)	20f (City or town)	(County) (State)
21. I certify that att	ended the decease	// //	1957, to 1/21h occurred at 5:45		that I last saw the decease and an the date stated above
ACTUAL SIGNATURE TUMO	Musan			ADDRESS (Street, city or town,	stole) DATE SIGNE
PHYSICIAN'S NAME (Type) NOC	AN, J	J.	Barling	10 29 h	nd.
REMOVAL (Specify)	N. 23/18	LOUDON	PARK	22d LOCATION (City, town, of LSN-70, M	or county) (State)
23. FUNERAL DIRECTOR'S SIGNAL	ERAL DIRE	HILL EDMO	AVE 240. REC'D	N 2 3 58 24 PEG S	STRAN'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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DECENTED TO

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e. IS RESIDENCE ON A FARM?

YES NO K

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Hours

INTERVAL BETWEEN ONSET AND DEATH

day

years

years

PERFORMED?

YES 🔂 NO 🗍

(Stote)

(State)

12 CITIZEN OF WHAT COUNTRY?

Days

(County)

CERTIFICATE OF DEATH

Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Baltimore o. STATE b. COUNTY filed MARYLAND Marvland Prince George's uneral b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) months Capital Heights Catonsville d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION Spring Grove State Hospital 6229 Shady Side Avenue NAME OF Middle 4. DATE DECEASED Frank Lawrence January (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH P. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HPS. last birthdoy) Months Male White WIDOWED | DIVORCED [yrs 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) Fingland Carpenter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Adeline Sidney James 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Sarah A. Lawrence (wife)6229 18. CAUSE OF DEATH [Enter only one cause per tine for (o), (b), and (c).] ፟፟፝፞፞ PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary thrombosis and infarction DUE TO permit. Degenertaive myocardial fibrosis Conditions, if ony, which ? gove rise to immediate DUE TO cause (a), stating the under-Arteriosclerotic heart disease lying couse tost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY Inanition: dehydration: senile brain disease 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Doy, Year 20f. (City or town) foctory, street, office bldg., etc.) 0. 11. While Not while at work at work p. m. Sept 12 ... 1958 that I last saw the deceased

D P FUNER Page 3 page the re 0

VS A15 (4) 15M 9/55

220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 23. FAINERAL DIRECTOR'S SIGNATURE **ADDRESS**

21. I certify that I attended the deceased from.

alive an____

ACTUAL

SIGNATURE

PHYSICIAN'S NAME (Type)

22d. LOGATION (City, Igwn, or county 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR

ADDRESS (Street, city or town, state)

Grave ST. Ho

and that death occurred at 6__

DATEJAN 1 4 '58

M, from the causes and an the date stated above.

EUREND N. Z.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No H DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before domission) firector.

r your files. o. COONTY MARYLAND CITY OR TOWN (If outs de corporate limits, write RURA) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS IS RE. D' NCF ON A FARMY YES NO D 3. NAME OF First Middle 4 DATE Month Yeor DECEASED **OF** {Type or print} DEATH AGE (n years 5. SEX 6 COLOR OR RACE ED NEVER MARRIED | B DATE OF BIRTH IF BINDER TYEAR IF UNDER 24 HPS last birthday) Months WIDOWED [DIVORCED yes 100 USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? age during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN 15. WAS DECEASED EVER IN U. S ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes, give wer or dates at service) 18. CAUSE OF DEATH | Enter only one couse per line #61 (a), (b), and (c)] PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (0) **burial-transit** Office 10,1 **DUE TO** Canditions, if ony, which) gove rise to immediate couse pending" in p cal Examiner: wsed as a but DUE TO (o), stoting the underlying couse fost. atia PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO [200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Fort 1 or Port 11 of item 18) shoutd CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 120f. (City or town) (County) (Stole) factory, street, office bldg., etc.) While Not white a. m. 19 of work | of work | p m 21. 1 certify that I Look charge of the remains described above, held an Autapsy []. Inspection 4 and in my Inquiry CTOR: Natural causes Accident | Suicide Hamicide I, Undetermined manner Forwig DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER [7] SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER [shau Shau 220 BUR AL CREMATION 226 DATE THEREOF 22d LOCATION (City, town, or county) (Stote) PEMOVAL (Specify) 70 ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME

TANA MARINA

MARYLAND STATE DEPARTMENT OF HEALTH

330

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

00319

I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY COOKER OF SMARYLAND	STATE STATE STATE COUNTY
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town) (in this place)	OR /
TOWN	
HOSPITAL OR	STREET (II rural, give location)
INSTITUTION OR STREET ADDRESS	ADDRESS 1935 PLESTAGO
	(Last) 4. DATE (Month) (Day) (Year)
3. NAME OF (First) (Middle)	1 OF
(Type or Print)	DEATH V2 LICE IS 19.
5 SEV 16 COLOR OR RACE 17 SINGLE, MARRIED.	1 8. DATE OF BIRTH 1 9. AGE last birthday If under I year If under 24 hrs.
WIDOWED, DIVORCED, (Specify) MAR DOWN	Months Pays Hours Min.
(Specify) / / / / / / / / / / / / / / / / / / /	1 1774 5 1 A S S 1 9 11 CO 17 A S S 1
10a. USUAL OCCUPATION (Give kind of work) 10b. Kind of Business on	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired) INDUSTRY	W 1 2 5 . 1 3
13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME
13. PATRENES WASHE	1 1 1 1 1/1/3 1/3:
11 12 h had by 12 11	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown) [(If yes, give war or dates of	1/12
lservice)	
18. MEDICAL CE	RTIFICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
1. DISEASES OR CONDITIONS DIRECTED DERDING TO DERELL	
the second secon	in the second se
/5/X Immediate cause (a)	The contract of the contract o
Antecedent cause(s)	1 7 1.6 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Diseases or conditions, if any, (b)	many makes and the region of the management of the second second second second second second second second second
stating the underlying cause last	L L
(C)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	
related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Ver C Ve C
	Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SHICIDE OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bidg., etc.) HOMICIDE INJURY	:
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While	
INJURY m. Work At work	
	*
22 I hereby certify that I attended the deceased from	195, to 195, to 195, that I last saw the deceased
alive on, 19, 3, and that death occurred at	/ m. from the causes and on the date stated above.
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
Didition of the same of the sa	
7116 111 (1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 5 / 6 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /
THE CONTRACT OF THE PROPERTY OF CONTRACTOR	ERY OR CREMATORY LOCATION (City, town, or county) (State)
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	
Survey - 5-5 - Shels Mit	Wary Wil. Od. Took
	24. FUNERAL DIRECTOR ADDRESS
DATE REGINEY LOBAL REGISTRANS SIGNATURE	120 1 20 4 1 1 1 1 1 1
	1 Ximul- 11. Calentioned - Free L.

BUREAU V. &

SECEINED SEC

					STAT Iter	E DEPARTA	NENT OF	HEALTH		ORE, 1	8	00	320
			3	31		CERTIFIC	AIE OF	DEATE	1		Reg. Dist. I	No.	
X	1 P	LACE OF DEATH COUNTY Ba	ltimore			MARYLAND	2 USUAL RE a. STATE	Maryl	and	If institution COUNTY	n: Residence b		
	ь	RURAL and give no Fort Ho	If auturde corporate li earest town)	mits, write	1 .	days		n Burn	iutside carporate lir	nits, write RU	IRAL and give	nearest fa	wn] 🦸
50		NAME OF HOSPIT	AL (If not in hospital		address)		d. STREET	ADDRESS	·			e, IS R	ESIDENCE A FARM?
	3 N	eterans A	dministra	Clon H	0301	Middle Middle		lymar R	4. DATE	Mont	h	Day	Year
	5. 5	Type ar print)		HILL		J.	LEHR B. DATE OF BI	RTH	DEATH	Janua E (In yeors	TY 4	AR IF UN	1958 IDER 24 HRS
		Male	White	WIDOW	ED 🔲	DIVORCED K	1/5/73		/8	8 GTAL	Months Doy	rs Hau	Min Min
-,	10a	USUAL OCCUPATION during most of work Tailor	ON (Give kind of war king life, even if retir	k done 10b. ed)	KIND OF	BUSINESS OR INDI		IPLACE (Store				S.A.	AT COUNTR
7)	13. (ATHER'S NAME	la nome de		a rete		14 MOTHE	R'S MAIDEN N		i a sonte	to a reta		
	[Yes.		I S name 1s R IN U. S. ARMED FO I'll you, give wor or dorn o SAW				INFORMANT		dmin Hos	Addr	ess	and M	A
		IB. CAUSE OF DEA	ATH (Enter only one ATH WAS CAUSED BY IMMEDIATE CAUSE					V D US 4-1	2000 117.00.51		11	NTERVAL	BETWEEN ID DEATH
_		491X	DUE '		OTMI	TIVEOTION	'					OIVIN	CMI
		Canditians, if a gave rise to i cause (a), stating lying cause lost,	mmediate ((b)									
2	CATION		HER SIGNIFICANT CO	NDITIONS (CONTRIBU	ITING TO DEATH BU	T NOT RELATED	TO THE TERMI	INAL DISEASE CON	DITION GIV	EN IN PART 1(c	PER	S AUTOPSY FORMED?
^_	CERTIFIC		AS UNDERLYING CONTROL CAUSE OF DEAT MEDICAL EXAMINER	206. DES	CRIBE HO	W INJURY OCCURR	ED (Enter natur	af injury in l	Port f or Part II of	item 18.)		-	
	MEDICAL	20c. TIME OF INJUS Have a. m.	RY Month, Day,	While	NJURY O	t while	LACE OF INJUR actory, street, of	Y (Hame, form fice bldg., etc	, 20f. (City or to	vn)	(Cour	ity)	(State
			not V Attended ti	ne deceas	ed from	December							
		ACTUAL _	160		7/11/1	, and that deat			ADDRESS (Street, c	ity or town,	state)	date sta	ned abov DATE SIGN フノビノ
1		PHYSICIAN'S	<u> MAZALIEL</u>	V. L.	uu	26 (M.D	th Fort	Howard,	Flary	and		1/.2/.
	220	NAME (Type)	DONALD D	MARE	·	D. AME OF CEMETERY	OR CREMATORY		22d. LOCATION (tale)
		REMOVAL (Specify) UP1AL FUNERAL DIRECTOR		58		Baltimore	Nationa		Balt D BY REGISTRAR		Maryla		
OHL	L	Vim Goo	K-Blig	Rt x	m	2		DATE		a 🔪 🧳	eauch		
WILLI	AN	COOK-BLI	GHT INC.	FUNERA	L HO	ME. 6009	HARFORD	RD. BA	LTIMORE,	MD.			

DECENTED V. S.

!		MAR	YLAND STATE I	DEPARTM	ENT OF HEALTI	H-BALT	IMORE, 1		440004
_		1	332 c	ERTIFIC/	ATE OF DEAT	Н		Reg. Dist. No.	00321
¥ .	1.	PLACE OF DEATH L. COUNTY Baltime	70	MARYLAND	2. USUAL RESIDENCE (W		lived. If institute 5 COUNTY	on: Residence before	e edmission)
1200		CITY OR TOWN (If outside carporate		OF STAY IN 16	c CITY OR TOWN (IF	\$10, 300 to \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10	ole limits, write R	LAL PROPERTY V	rest town)
		RURAL and give nearest town) OWINES MILLS	lyr.	. 15 da	vs 1	Hvatts	ville	161	5.2
		d. NAME OF HOSPITAL (If not in hospital OR INSTITUTION	ol, give street oddress)		d. STREET ADDRESS				ON A FARM?
7 /	<u>_</u>	Rosewood Stat	te Training		7302 R	iggs F	d. Apt	2.13	YES NO
		NAME OF DECEASED	Ferst	Middle	Lost	4. DATE OF	Mon	/	
	5.	Type or print) HOWARD	CE 7. MARRIED NEVEL		einer	DEATH		26 If under 1 year	19 58
				DIVORCED []	3.0 103 / F	, '	P. AGE (In years last birthdoy) 7 yrs.	Months Days	Hours Min
	10c	. USUAL OCCUPATION (Give kind of we	ork done 10b, KIND OF BUS		STRY 11. BIRTHPLACE (Stole	or fareign coi		12. CITIZEN OI	F WHAT COUNTR
		during most of working life, even if reti	red)			ng ton.			
	13	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	- 14 - 14 - 14 - 14 - 14 - 14 - 14 - 14		
		Jack Leiner			Mav	Leine	190		
	15 {Ye	WAS DECEASED EVER IN U. S. ARMED I	FORCES? 16. SOCIAL SECU	RITY NO 17 B	NFORMANT			Ms, Md.	School
	<u></u>	No.	NONE		Hospital Re	ecords	-Rosew	ood Stat	te Tr
		18 CAUSE OF DEATH [Enter only one						INTE	RVAL SETWEEN
		PART I. DEATH WAS CAUSED B	v: beginning	proncho	-pneumonia	·		ar	prox 1
. 1 7		104100 DUE	Intraventa	ricular	septal defect	t of th	e heart		
Sharmon of the same of the sam		Conditions, if ony, which a	(p)						
		couse (a), stoting the under-	Mongolism						
	Z	PART II. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	S TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART 1(a) 19	
4	CAT			,					PERFORMED?
	77	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINE	206 DESCRIBE HOW IN	AJURY OCCURRE	D. (Enter nature of injury in	Part I ar Port	Il of item 18.)		
	L CERT	(IF EITHER, NOTIFY MEDICAL EXAMINE	R)			4			
	DICA	20c. TIME OF INJURY Month, Day, Hour a.m.	Year 20d, INJURY OCCUP While Not while		ACE OF INJURY (Home, forritory, street, office bldg, etc.)	m, 20f. (City	or lown)	(County)	(State)
	MEDI	p. m.	at work at work						
		2), i certify that I attended t	he deceased from		, 19, to		, 19	_,that I last sa	w the deceas
		alive an	, 12, an	d that death	accurred at				
		ACTUAL Pail De	01 1	Pa 6 1	The	ADDRESS (Str	eet, city or town,	storely	DATE SIGN
7		SIGNATURE / COLOR	~ 4 h / 1 /	73.	MD. 1002	ewor		Organ	
1		PHYSICIAN'S RICH. I	12 depote	vg /75	4 desisch				
	220		REOF 284 NAME	OF CEMETERY 9	R CREMATORY	22d. JOCATI	ON (City, town, o	or county)	(State)
	1	SILVIZE 1/28-1	418 Georg	c Wash	Men Cun	Hy	affrio	elle y	Nd
	23.	FUNERAL DIRECTOR'S SIGNATURE	ADD/RES	5 -7	7. 160	D BY REGISTR	AR 246 REGIS	TRAR'S SIGNATUR	E
,	n 10	to bloman y	(Suo 1/26	-76 M	Godhlin DAJIAN	2 9 '58	Page	~ / _	
				5 41	25		2770 18	LC COLOR	

BUREAU K. E.

SECTION SECTIO

1		1	MARYLAND STATE DEPARTA	MENT OF HEALTH—BALTIMORE, 18	
*c		L	333 CERTIFIC	ATE OF DEATH Reg. Di	it. No. 00322
Page 4 director. led with	F 100	1.	PLACE OF DEATH COUNTY BALTIMOL MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residen a. STATE MARY / Cand b. COUNTY	ce befare admission)
death. uneral Id be (i)		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C/4 Tons v///e PR S	c. CITY OR TOWN (If outside corporate limits, write RURAL and of BHLTimes	give nearest town)
rs ofter de by the fun I 2 should	10		d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Caton Ridge Nursung Him	d. STREET ADDRESS 35-48 9 # 57.	e. IS RESIDENCE ON A FARM? YES NO P
24 hav		3.	NAME OF First Middle DECEASED (Type or print) LULA B.	Lost 4. DATE Month OF DEATH	Day Year
within etely fil		5	6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	2 - 011 41100	1 YEAR IF UNDER 24 HRS Days Hours Min
xecuted d campi n papers seath.	₹. \	100	USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDIduring most of working life, even if retired)		IZEN OF WHAT COUNTRY?
sie be ex cian and carbon s ofter de		13.	FATHER'S NAME Joseph Jordan	14. MOTHER'S MAIDEN NAME UNKNOWN	
certificating physicing physicing remove 72 hours		1S.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (If yes, give wor or dotes of service)	INFORMANT Address FAMILY Sime	
death attendin please			18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY:	lu luci	INTERVAL SETWEEN
that the by the 1. Ther			Conditions, if ony, which)	Jacob Dan	477000
equires n. signed it permi d in on			gave rise to immediate case (a), stating the <u>under</u>	Clina	March
hysicio shysicio si been si-transi	\wedge	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	T 1(a) 19 WAS AUTOPSY PERFORMED? YES NO
AN: The anding pricate had be buri		CERTIFIC	20g. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCURR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	tED (Enter nature of injury in Part I or Part II of item 18.)	I II II NO DE
PHYSICI I or offer its certiff use as to motion,		MEDICAL	20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e. P	PLACE OF INJURY (Hame, farm, 20f. (City or tawn) (Coctory, street, office bldg , etc.)	County) (State)
DING hospite After # hed for			21. I certify that I attended the deceased fram,	19.22, to Jac 7., 19.57, that I I	
ATTEN by the ECTOR: e detoc			ACTUAL COLIS POLIS 2	ADDRESS (Street, city or town, state)	DATE SIGNED
rAL ON retoined AL DIRI d b prio	/		PHYSICIAN'S CLIFF PATLIFF 5	M	
MOSPI may be FUNER poge 3	•	220		OF CREMATORY 22d. LOCATION (City, town, or county)	(State)
VS A15 (4)	234	23.	FUNERAL DIRECTOR'S SIGNATURE MC CS //4 Funeral / James 130 E. 1	For 1 4 240 REC'D BY REGISTRAR 246 REGISTRAR'S SIG	
1SM 9/55	711			DATE VAN 1 D'58 Printer	UX.

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VS A1S (4) 1SM 9/5S Į.

00323

334 CERTI

CERTIFICATE OF DEATH

Reg. Dist. No.

	J. PLA	CE OF DEATH					2. USUAL RESIDENCE (W	here deceased		ini Residence	before a	dmission)		
	0, 0		Baltimore C	ounty	MARYLAN	ID	o. STATE Maryla	nd	b. COUNTY	Alleg	anv			
	b. C	ITY OR TOWN (I URAL ond give no	f outside carporate limitarest town)	ts, write	c. LENGTH OF STAY IN	ь	c. CITY OR TOWN (IF	outside carpor	ole limits, write RI			town)		
		Towson			1 Yr.9 Mos.	5 #):	as. Cumb	erland		. 1				
	d. N	NAME OF HOSPIT	At (If not in hospital, g	ive street a	oddress)		d. STREET ADDRESS	_				S RESIDENCE		
	Ţ	the Shepp	pard & Enoc	h Pra	tt Hospital		UNKNOW 4 YES							
	3. NAF	ME OF EASED	Fis	st	Middle		Lost	4. DATE OF	Monl	th	Day	Yeor		
	(Тур	e or print)	Franc		Freese		Lichtenstein		Janua	ry	22	1958		
1	S. SEX		6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED] B.	DATE OF BIRTH		9 AGE (In years last birthday)			UNDER 24 HRS.		
		Female	White	WIDOWE		100	ctober 18, 1	.875	82 yrs	Months [Doys H	Durs Min		
8	10a US du	SUAL OCCUPATION FINE MORE	ON (Give kind of work	done 10b. I	KIND OF BUSINESS OR IN	IDUSTR	Y 11. BIRTHPLACE (Store	or foreign co	untry)	12. CITIZ	EN OF V	HAT COUNTRY?		
	L	None				-	New York			U.	S. A			
	13. FAT	HER'S NAME					14. MOTHER'S MAIDEN	NAME						
		Peter												
	15 WA	S DECEASED EVE	R IN U. S ARMED FOR	CES? 16. S	OCIAL SECURITY NO. 1	7. INF	ORMANT		Addr	e35				
		To		,			Hospital R	ecords						
	18.		TH (Enter only one co	2	e for (a), (b), and (c).]		5. 1.	Pias.			INTERV	L RETWEEN		
		*	IMMEDIATE CAUSE (o		and and	1	Z-Ca VO					enn		
	Conditions, if ony, which) the Generalized Arterio = clesores										2	grot		
	gove rise to immediate coese (o), stating the under DUE TO									2	· Cre-+			
	(4)								COMPITION CIVI	TO A DA DA	V-1 10 V	VAS AUTOPSY		
	CATION	Senile	L Brum	. 0	islasi.	or pertation	in tes	A le	S. IN PART	P	ERFORMED?			
	oc OR	CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCU	RRED.	(Enter noture of injury in	Part I or Port	II of item 18.)					
	₹ 20c	TIME OF INJUR	Y Month, Day, Ye	20d. IN	UURY OCCURRED 20e	PLAC	E OF INJURY (Home, form	n. 120f. (City o	or lown)	ICo.	unty)	(State)		
	MED.	Hour a.m. p.m.	19	While of work	Not while	focto	ry, street, office bldg., etc	c.)	,	100	,,	(31010)		
	21	. I certify th	at I attended the	decease	d from Mail	16	, 1956, to	+au	2-2-19.58	that I la	st saw	the deceased		
		ive on	an 21	<u>ڪ 19 _</u>	1 (ath o	covered at 4.72							
		0,	111110	,	,				eet, city or town, s			DATE SIGNED		
	AC SIG	TUAL SNATURE	WINEX	in	1.	M.I	. SHekhar	ralla	att Ho	ofs.	Jan	23 1458		
	PH NA	YSICIAN'S LME (Type)	w.w.o	Ela	gin		Tows	on - 4	. Me					
	PE	IRIAL, CREMATIO	N. 226 DATE THEREC	5-8	TO THE	Y OR C	REMATORY L	22d. LOCATI	ON (City, town, a	County	U	(State)		
	23 FUN	VERAL DIRECTOR	S SIGNATURE	17/	ADDRESS PO	.,]	CY	O BY REGISTR	AR 24b. REGIS	TRAR'S SIGN	ATUR			
		\u00e4	101101		· / 3/ N	4	DATE AT	4 7 4 70		· Sall	^			

BUREAU K. E.

DEET ING MAL

MIN MINDER

VS A15 (4) 15M 9/55

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1	8
1/	335 CERTIFICATE OF DEATH	R

00324

		3	<u>35 </u>	CERTI	IFIC/	AIE OF DEATH	1		Reg. D	list. No.			
1	PLACE OF DEATH o. COUNTY Balto	0.		MARY	YLAND	2. USUAL RESIDENCE (WE o. STATE Md.	here deceose	d lived. If instituti b. COUNTY		nce befor	e admiss	ion)	
	RURAL and give ne	outside carporate limit arest fawn) asville	ls, write	c. LENGTH OF STAY	IN 15	c city or town (if a		orole limits, write R	URAL and	give neo	est lown	"V	
	d. NAME OF HOSPITA	AL (If not in hospital, g	ive street	oddress)		d. STREET ADDRESS				1		IS RESIDENCE ON A FARM?	
	Sl	hady Nook N		and the		Brookfiel	Brookfield Rd.				YES NO		
3.	NAME OF DECEASED	Ein		Middle	1	Lost	4. DATE OF DEATH	Mon	th	Day	1	Year	
	(Type or print)	KAT		R.		PSCOMB	DEATH	uc	n,	10,		19 58	
				HED X NEVER MARRI		8. DATE OF BIRTH		9. AGE (In years lost birthday)	Months	R I YEAR Doys	Hours i	R 24 HRS	
_	Female	White	WIDOW			May 10, 1878		79 yrs.	lin c			Columbana	
101	during most of works	ing life, even if retired)	ione IVo.		JK INDU	24.2	or foreign c	country)	12. C	HIZEN OF	WHAT	COUNTRY?	
13	Housewife			at home		Md .	TAME		-}				
		Line oht						L1 _					
15.	Samuel T.	WILEIT	TES2 16	SOCIAL SECURITY NO	0. 17 1	MENTY INFORMANT	Chri s	LL O	ratt				
(Ye	n no or unknown) (I	If yes, give wor or dates of si					7 36 3			. 41.3			
	no	na formation		none		Mrs. Charles	in MC	Nutt - Br	ookf:				
		TH [Enter only one col TH WAS CAUSED BY:	use per III	ne for (a), (b), and (c).	2	mil= 1/-10	>- L	11/1100			RVAL BE ET AND		
		IMMEDIATE CAUSE (0)	AL	UIE CONY	ESI	TUE STEPIC		KUNE	<u></u>				
	£ #	DUE TO	\mathcal{A}_{l}	1 ma 0/0 01	15	SHENIA V W	SAIK	V FAIL	1164	- 6	>	RVS	
	Canditians, if on gave rise to im	mediate	141	KIIICIVAN Y	how	UE//// 1-/\/	DIOL	1 /17/00	11120		} ~~	11/5	
	cause (a), stoting t lying couse last.		1	YPERTEN	15/0	IE C.U. DK	(EHS	E-		10	1/6	ARS	
MEDICAL CERTIFICATION	PART II. OTH	ER SIGNIFICANT CON	OITIONS C	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	'EN IN PA	RT 1(0) 19	PERFO YES [AUTOPSY RMED?	
CERTIFI	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b DES	CRIBE HOW INJURY O	CCURRE	D (Enter nature of injury in	Port 1 or Por	t (I of item 18)					
CAL	20c. TIME OF INJURY	Month, Doy, Yea		NJURY OCCURRED	20e. PL	ACE OF INJURY (Home, form	20f (Ci)	y or lawn)	-	(County)		(State)	
MED	Hour o.m.	19	While at war	Not while	TO	ctory, street, office bldg , etc	J						
	21. I certify the	at I ottended the	deceas	ed from July	=/_	. 19 <i>57</i> , 10	JAN	10, 1958	.,that I	last sa	w the	deceased	
	alive on	120,010	_, 125	and that	death	occurred ot 2:18	AM, frai	m the causes o	ind an	the date	e state	d above.	
		for me	2	lal bank	/2	0	ADDRESS (S	treet gritty gotawn,	stote) /	111	7 04	TE SIGNED	
	SIGNATURE T	CHALLER	(.	Mucell	7	MD.	CUL	Moun	72	M.		11/53	
	PHYSICIAN'S NAME (Type)							*****			,		
220	P. BURIAL, CREMATION REMOVAL (Specify)	N, 226 DATE THEREO	F	22c. NAME OF CEM	ETERY O	R CREMATORY	22d LOCA	TION (City, town, o	or county)		(State	•}	
	Burial	1/13/58		Loudo	n Pa	rk Con	<u> </u>	Ro7 to W	4				
23.	FUNERAL DIRECTOR'S	SIGNATURE	10	ADDRESS	7. 2		D BY REGIS	TRAR 246 REGI	STRAR'S S	GNATUR			
1	MAU +	Sierus	8 To	Street 1	Ill	LOIA HIL GATE IN	N 1 4 '5	8	- 0 F2	1 / A			

BUREAU V. S.

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CERTIFICATE OF DEATH 336 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institutions Residence before admission) a. COUNTY b. COUNTY Baltimore MARYLAND Baltimora Marvland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest fown) Towson Towson d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? Towson Convalescent Home Penna. Avenue YES NO 13 NAME OF First Middle 4. DATE Lost Month Day Year DECEASED CLUNET 1058 ADELE LITSINGER January 17. (Type or print) DEATH 6. COLOR OR RACE | 7 MARRIED | NEVER MARRIED | 5. SEX IF UNDER I YEAR IF UNDER 24 HRS. 8 DATE OF BIRTH 9. AGE (In years day birthday) Days Hours Min. Jan. 27, 1875 Ramela White WIDOWED X DIVORCED [100 USUAL OCCUPATION IGNE kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Own Home Maryland USA 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Victor Clumet Mary Shannon 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address No None None Family records 18. CAUSE OF DEATH | Enter only one couse per line INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which [b] dove rise to immediate **DUE TO** couse (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO T 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. [City or town) 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) Hour g. m While Not while of work of work , 1954, that I last saw the deceased 21. I certify that I attended the deceased fram alive an that death accurred M, fram the causes and an the date stated above. DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION 22¢ NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county)

0 VS A15 [4] 15M 9/55

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> 20 1958 Jan. 23 PUNERAL DIRECTOR'S SIGNATURE

Loudon Park Cemetery

Baltimore, Manyland

240. REC'D BY REGISTRAR 246 RECESTRAR'S SANGARE JAN 2

Towson, Maryland

EUREAU V. S.

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FOR STATE HEALTH DET. Film 220 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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		337_					Re	g, Dist. No.	
	PLACE OF DEATH				2 USUAL RESIDENCE	(Where deceased live	d. If institution	Residence before admission	on)
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	_	'nwson			Tows	เกิท.			
6		AL OR INSTITUTION (IF	not a hospita	l, give street address)	STREET ADDRESS			e IS RES	
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	NAME OF DECEASED	First		Middle	Lost	4. DATE OF	Month	Doy Year	,
	(Type or print)	JOH	IN	E.	LONG	DEATH	Januar	y: 30 19!	58
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	Male	White	WIDOWED [DIVORCED [Feb. 7, 190	2 5	Mon yra	the Doys Hours N	An
10a	USUAL OCCUPAT O	ON (Give kind of work do	one 10b. KIND	OF BUSINESS OR INDUST	RY 11 BIRTHPLACE (Slot	le or foreign country)	12	CITIZEN OF WHAT CO	DUNTRY
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₹3.	FATHER'S NAME				14 MOTHER'S MAIDEN	NAME		_	
	Robert Lo	ng			Elizabet	h Morris			
15.	WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16 SO	CIAL SECURITY NO. 17, #	NFORMANT		Address	Towson L. M	Md.
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3	20c. TIME OF INJUI	RY Month, Doy, Year	20d, INJL	JRY OCCURRED 20e PLA	CE OF INJURY (Home, for	rm. 120f. (City or toy	val	(County) ((Stote)
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	SIGNATURE	out!	1 1	WILL	M.D. CHIEF MEDICAL			9 109 11	e o
	EXAMINER'S					CAL EXAMINER		7/29/	50
	NAME (Type)	Paul F.		n, M.D	DEPUTY MEDICAL		ns as	or assert such su	
220	REMOVAL (Specity)	N, 226 DATE THEREOF	320	NAME OF CEMETERY OR	CREMATORY	22d LOCATION (City, town, or cou	nly) (Stole)	
200	Cremation			Green Mount		Balto.	Md.		
23.	FUNERAL DIRECTOR	SSICHALURE	, (/	So ISA O	Th 17	L'D BY PEGISTRAR	24b. REGISTRAR	S SIGNATURE	
i	MM.	reserve	1/1)	sur- rece	DATE	EB 4 '58	Lilla	fallen.	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours offer death. If any delay is necessary please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the luneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be rejained for your files.

TO FUNE DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the sound of Health, or remarked, and its designated agent, prior to burial, cremation, or remarked, and its any event within 72 hours after details. A should TO FUNE VS. A15ME

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MARYLAND	STATE DEPARTM	NENT OF HEALTH	-BAL	TIMORE, 1	8 00	327
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more	MARYLAND	2 USUAL RESIDENCE (Whe		lived If institution b. COUNTY		
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		Baltimore	3		310	1.4
in hospital, give street loarding I		d. STREET ADDRESS 414 Brette	on Pl	ace		e. IS RESIDENCE ON A FARM? YES NO.
First	Middle	Lost	4. DATE OF	Mon	ih Do	y Year
(Jennie)	Ma	cKinnon	DEATH	Jan.	12th	1958
ite widow	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Apr. 1" 1868		9. AGE (In years loss birthdoy) yrs.	Months Days	IF UNDER 24 HRS Hours Min.
ven if retired)	KIND OF BUSINESS OR INDU		0.45		12 CITIZEN C	F WHAT COUNTRY?
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Day, Year 20d. I While of wor	Not while fo	ACE OF INJURY (Home, farm, actory, street, affice bldg., etc.)	20f. (City	or town)	(County)	(Stole)
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(/ /	Shee lill	M.D. 58638	lesis Li	282 282	A.C.	1-ft-3/is-,
n • 14" 1958	Mt. Olivet	Cemetery		timore,	county) Maryl	(Stole) and
URE	ADDRESS 510 L	iberty 240. RECP	BY REGISTI	LAR 245. REGIS	PRAR'S SIGNATUR	RE

Avenue

VS A15 (4) 15M 9/55

LUREAU V. E.

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VS A15 (4) 15M 9/55 Rea. Dist. No.

100. USUAL OCCUPATION (Give kind of work done) 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign counity) 12. CITIZEN OF WHAT COUNTY 10. BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign counity) 12. CITIZEN OF WHAT COUNTY 12. CITIZEN OF WHAT COUNTY 12. CITIZEN OF WHAT COUNTY 13. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED FORE IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 10. MAINTY	1. PLACE OF DEATH 6. COUNTY Ba	ltimore		MARY	LAND	2. USUAL RES	Maryla		d lived. If it b. CO		esidence	before adr	nission)
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NOUSEVITED NOU				400									
13. FATHER'S NAME OWEN Pailligan 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Records: SPRING GROVE STATE HOSP_TAL 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) ONE TO Conditions, if any, which gove rise to immediate couse (c), stoling the under: lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOP PERFORMED YES IN NO. ACCIDENT WAS UNDERLYING TO ACCIDENT WAS UNDERLYING TO COURRED. (Enter nature of injury in Part 1 of item 18.) 20c. ACCIDENT WAS UNDERLYING TO ALL INJURY OCCURRED. (Enter nature of injury in Part 1 of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (Enter nature of injury in Part 1 of item 18.) 21. I certify that I attended the deceased from. July 1 19.55. to Jan 16 19.58 , that I last saw the deceased live on Jan 16 19.58 , and that death occurred at 62.25 a. M., from the causes and on the date stated ab ADDRESS (Street, city or town, stole) DATE STO	during most of work	ing lite, even it refired	Some Too.	11	1	_	_	_	ountryj	1	2. CITIZI	EN OF WH	AT COUNTRY
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(if yes, give wer or dates of service) Unknown Records: SPRING GROVE STATE HOSP_TAL			CES2 16	SOCIAL SECURITY NO	17 18	SOPMANT	Mal	A MAT	Ligan	Address			
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SIGNATURE 15 NOTE 1 - 19 12 12 1 M.D. SPRING GROE STAIR HOURTTAI, 1-16-58	ACTUAL SIGNATURE	Mar K-7	Kay-	beper	^	A.DSPR							16-58
PHYSICIAN'S Jonas R. Rappeport, M. D. Catonsville 28 Maryland				ort, M. D.		Ca	t.onsyi	lie 2	8. Mar	vland	1		
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote), PRODUCTION (City, town, or county) (Stote), PRODUCTION (City, town, or county)	220. BURIAL, CREMATION PENDVAL (Specify)	JAM	1 10			-		22d. LOCAT	JON (City, to	own, or cou	inty}		
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	23. FUNERAL DIRECTOR'S	SIGNATURE		0 - 1 - 16 -		0.	240. REC'D	BY REGIST	RAR 24b.	REGISTRAR	's SIGN	ATURE	
Chas r. Eugns +Son 8802 HARFORD Rd DATEJAN 2 2 58 C.	ChAS T. L	LANS +SO	4	8802 HARF	624	Kd	DATEJAN	2 2 15	8	/	~	//	

BUREAU V. 2.

DECEIVEU

FOR STATE HEALTH DEPT.

PLACE OF DEATH

o. COUNTY

NAME OF

5. SEX

DECEASED (Type or print)

male

13. FATHER'S NAME

no

couse fort

CAUSE OF DEATH.

Hour

ACTUAL SIGNATURE **EXAMINEU'S**

NAME (Type)

Burial

23 ELINERAL DIRECTOR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 110329 34 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) **b.** COUNTY MARYLAND b. CITY OR TOWN III ou c. CITY OR TOWN (If oulside corporate l'mits, write RURAL and give negrest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospifol, give street oddress) d. STREET ADDRESS ON A FARM? Bacon Rd YES X NO Bacon 4. DATE Month Yeor DEATH 9 AGE (la years COLOR OR RACE MARRIED THEYER MARRIED TO B DATE OF B RTH IF UNDER TYPAR IF UNDER 24 HRS 68 birthdayl white 6-3-1889 Months 100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if refired) Laborer general U.S.A. Itlav 14 MOTHER'S MAIDEN NAME ???? 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Elmer Mentzell, White Hall. Md. none 18. CAUSE OF DEATH [Enter only one cause per time for (a), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate couse DUE TO (o), stoting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOLLIP, WAS AUTOPSY PERFORMED? NO 4 200. EXTERNAL CAUSE WAS PRIMARY ☐ OF CONTRIBUTING ☐ 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 1) of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 120f, (City or town) (County) (Stole) factory, street, office bldg., etc.) White Not while of work of work 21. 1 certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry apinion death resulted from: Natural causes 4. Accident Suicide . Hamicide . Undetermined manner **DATE SIGNID** DEPUTY MEDICAL EXAMINER [4] 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Slole)

St. Joseph's

Texas.

Cockeysyll 240 REC'D BY REGISTRAN

York Rd., Towson4, Md DATE JAN 1 246 REGISTRAR'S SIGNATURE

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.5.20	1	205 CERTIFICATE OF DEATH Reg. Dist. No.11(1) 200
director,		1. PLACE OF DEATH a. COUNTY BALTO, MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY BALTO
funera uld be	Ni Ni	b. CITY OR TOWN (If outside corporate limits, write RURAL and give recrest town) RURAL and give nearest town) JUNDALK 3725 DUNDALK 22
- by the 2 sha		d. NAME OF HOSPITAL (If not in hospital, give street address) OF HISTITUTION OF HOSPITAL (If not in hospital, give street address) OF HISTITUTION OF HOSPITAL (If not in hospital, give street address) OF HOSPITAL (If not in hospital, give street address) OF HOSPITAL (If not in hospital, give street address) OF HOSPITAL (If not in hospital, give street address) OF HOSPITAL (If not in hospital, give street address) OF HOSPITAL (If not in hospital, give street address) OF HOSPITAL (If not in hospital, give street address) OF HOSPITAL (If not in hospital, give street address) OF HOSPITAL (If not in hospital, give street address)
Poges 1		3. NAME OF DECEASED (Type or print) CAT HERINE MARY THECER MARTIN DEATH DEATH DEATH 19 5. SEX 6. COLOR OR RACE 7. MARRIED N NEVER MARRIED 18. DATE OF SIRTH 9. AGE (In year) IIF UNDER 1 YEAR IF UNDER 24 HRS.
nplete	<u>.</u>	WIDOWED DIVORCED MAY 21, 1915 lost birthday) Months Days Hours Min.
ond rbon	B /	HOUSE WATER (14. MOTHER'S MAIDEN NAME) 14. MOTHER'S MAIDEN NAME
physician emove cal		FRANK YAEGER CATHERINE NESZLER 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? [16, SOCIAL SECURITY NO.] 17. INFORMANT Address
anding p		NO - 213-07-6724 CHAS, J. MARTIN, SR. DUNDACK, Md. [18. CAUSE OF DEATH [Enter only one cause per line for (g), (b), and (c).]
the atte		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO ONSET AND DEATH 3 / No. Of the control of the contro
signed by		Conditions, if any, which gave rise to immediate cause (a), stoting the under-lying cause lost.
g physicial has been urial-transi	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO. 32
tending tificate		20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRISE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
ital or o this cer ir use o		20c. TIME OF INJURY Month, Day, Year Hour a. pt. 19 White Not while of work at work at work 19 down at work 19
R: After oched fi		21. I certify that Lattended the deceased from 54, 1947, to 74, 1957, that I last saw the deceased alive on 75, 4, 1948, and that death occurred at 61. M, from the causes and on the date stated above.
RECTO Be de	/	ACTUAL SIGNATURE WARA N. CHUMEW M.D. 33 DUNANKAYE VINDAMINITAL 1/7/5
De retain	Ď.	PHYSICIAN'S NAME (Type) DAVI A H. HYAYOW 220. BURIAL CREMATION, 220. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY , 22d. LOCATION (City, fown, or county) (Stole)
TO FUP		22. NAME OF CEMETERY OR CREMATORY 22. NAME OF CEME
VS A15 (4) 15M 9/55	. 6	Walte Bully hardolpilled 158 Cold and

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A15 (4) 15M 9/55

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MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
341	CERTIFICATE	OF	DEATH	

00331

Reg. Dist. No

1.	PLACE OF DEATH COUNTY Ball	timore		MARYI	AND	2. USUAL RESI	land	ere deceased	lived If institution b. COUNTY	on: Residence Balti	before admission) more	~
	b CITY OR TOWN (If RURAL and give ner Paltim	arest fown)	s, write	c. LENGTH OF STAY I	N 1b	II .	imore	ulside corporc	ote fimits, write R	URAL ond gi	ve neorest town)	
, -	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, g			2.5	d. STREET A	ADDRESS			<u>*`</u>	e. IS RESIDENCE ON A FARM?	?
╘		<u>Convalesc</u>	ent !	Iome Towso	n ill	318	unease	eapke <i>E</i>	Ave.		YES NO	<u> </u>
3	NAME OF DECEASED (Type or print)	Louisa	if .	Middle	I	Martin	st	4. DATE OF DEATH	Jan. 8		Day Year	
5.	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIE	اره	8 DATE OF BIRT	Ή	9	AGE (In years lost birthdoy)		YEAR IF UNDER 24 HE	RS.
	Female	White	WIDOWE	DIVORCED		Sept. 5		+	83 yrs.		Days Hours Min.	
110	la. USUAL OCCUPATIO during most of worki	N (Give kind of work one) if retired	one 10b.	KIND OF BUSINESS OF	RINDU	STRY 11. BIRTHP	LACE (State o	or foreign cou	intry)		EN OF WHAT COUN'	TRYZ
	Housewife			At Home		Germ	lany			U	.S.A.	
13	. FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME				
	Pichand	Johnson				Kath	erine	Steel	erman			
19	. WAS DECEASED EVER		ES2 16	SOCIAL SECURITY NO	12 1	NFORMANT		2 4 4 6	Add	ratt		
_ F	(es, no, or unknown) (I	f yes, give war or dates of si	evice)				2 2 4 1				Area	
=	No I			None		Arthur !	. Mari	tin L	1212 Ann	atana	AVE.	
		H WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO y, which (b)	0	refor (0), (b), and (c).	tore,	Fail Water		ciel			INTERVAL RETWEEN ONSET AND DEATH SCHOOL STATES	
NOTATIBLE				CONTRIBUTING TO DEA		NOT RELATED TO	O THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PART	1(a) 19. WAS AUTOPS PERFORMED? YES NO	
		CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OF	CURRE	D (Enter noture o	of injury in ₽	'ort I ar Port I	Il of item 18.)			
MEDICAL	Hour o. n.	Month, Day, Yes	While	Not while of work	20e, PL for	ACE OF INJURY (story, street, offic	(Home, farm, e bidg., etc.)	20f. (City o	or town)	(Co	unty) (Stol	le)
	21. I certify that I attended the deceased fram The second of the second											
	ACTUAL SIGNATURE	2. A. Sa	c/a			M.D. 02002	-	ADORESS (Stre	set, city or town,		DATE SIG	
	PHYSICIAN'S NAME (Type)	cs. H. 95'	EAL	ACK					she 4,	Md		fi was -
2	20. BURIAL, CREMATION REMOVAL (Specify)			22c. NAME OF CEME					ON (City, town, o		(Stote)	
22	<u>Funial</u>	Jan. I	195	ADDRESS 4	od (en.		Balt			WI IN P	_
1	risalis Fur	wal Home	2 7	1401 Bela	i.	Rd.	DATE	BY REGISTRA	3 1 7	STRAR'S SIGN	RATURE	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMOR	E, 18
34MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1 ,

00332

	60,24%							Reg. Dist.	No.	
T. PLACE OF DEATH	THE STREET STREET		* almhair — althibidebranhailm n	2. USUAI	RESIDENCE	Where decease	ed lived. If institu	itian Residence	before adm	ss-on}
a. COUNTY	altimore		MARYLAN	D O. STA	TE	MA.	b. COUNT	Harfo	ൗദ്	
b. CITY OR TOWN	figuls de carpara e limits, write	RUFAL	c. LENGTH OF STAY IN 1	b c CIT	OR TOWN	If outside core	porote fim ts, write		AL	(awe
and give nearest too Brad	•		instant		Joppa	· ·	Rural		2 8.	
		Englin has	pital, give street address)	d STR	ET ADDRESS					ESIDEN E
3 77412 31 1 331			priority distribution of the contract of the c	1		ger Ro	ad	· Allendaria		A FAPM.
3. NAME OF DECEASED	Fire	ı	Middle		Lost	4 DATE OF	Mont	h D	by Y	Year
(Type or print)	William	, He	enry	MASON		DEATH	Janua	ary 6	1	958
S. SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED		IRTH		9 AGE ille years	IF UNDER TYE	R IF JND	ER 24 HRS
Male	Colored	WIDOWE	DIVORCED [Oct.	22,	1902	55 yrs	Months Days	Hours	Min.
	ON (Give kind of work of ing life, even if retired)	lone 10b K	IND OF BUSINESS OR IND	JSTRY II BIR	HPLACE (Stot	e or foreign c	ountry)	12, CITIZEN	OF WHAT	COUNTRY
Labor	mg ma, even ir turned,	Co	om., Construc	tion	Maryl	and.			U.J.	A.
3. FATHER'S NAME				14. MOTH	ER'S MAIDEN	NAME				
millia	m H. Mason				Lindy	J. Bron	wn			
	VER IN U. S. ARMED FOI		SOCIAL SECURITY NO 17	INFORMANT			Address		-	-
no	fit has died wot et ac at et		17-22-5713	Jaro	aret M	lason	Toni	e. R.D.	Md	
	ATH [Enter only one cou	Ar .).351/8-34 -4		5 5 5 1	Th	TEPVAL BETWI	WIN NOON
PART I. DE	ATH WAS CAUSED BY:							°	NSET AND DE	HTA
, A	IMMEDIATE CAUSE (o)	MASS	ive pontine h		rae une	LO				-
	of Mile	Hypo	ertensive Car	diovaso	ular	Diseas	8			
Conditions, if		42								
(a), stating the										
cause fast.) (c).									- : :
PART H. OT	HER SIGNIFICANT CON	on ons <u>co</u>	INTR BUTING TO DEATH BU	T NOT RELATE	TO THE TERM	WINAL DISEASI	E CONDITION G	/EN IN PART I(o		AUTOPSY DRMED?
20g. EXTERNAL CAPRIMARY OF CO	NUSE WAS 20	b DESCRIBE	HOW INJURY OCCURRED	(Enter noture	of injury in Po	ert I at Part II	of item 18.)			
_		. Tak	LINE OCCUPATE TOO			1				-
20c. TIME OF INJU		While	NJURY OCCURRED 20e	cactary, street, o	KY (Home, tor iffice bldg., et	rm, 20f (City ic.)	or town)	(County)		(Stole)
P. m			rk at work							
21. I certify	hat I took chorge	of the	emoins described a	bove, held	an Autop	sy 😿 Ir	spection	Inquiry [, on	d in my
opinion death	resulted from: 1	Natural c	auses 🕻 , Acciden	1 🔲, Sui	cide 🔲,	Homicide	, Undete	rmined mon	ner 🔲	
	111.11	1/1	1 Val	_					DATES	SIGNED
ACTUAL SIGNATURE	Villian	Uly	bulls X	M D		EXAMINER [mality.		DATE :	1101112
EXAMINER'S NAME (Type)	William V	7. Lov	itt, Jr., M.			CAL EXAMINEI L'EXAMINER [1/7	/58	
	ON, 226 DATE THEREO	F	22c NAME OF CEMETERY	OR CREMATOR	Y	22d. LOCAT	ION (City, lown,	or county)	(State	•)
AEMOVAL (Specif	Jen.10,1	958	Asbury			Lore	ely. Bali	to.	arvla	nd.
23. FUNERAL DIRECTO	ou who you go college	1	ADDRESS		24a REC	D BY REGIST	Hardina	STRATES SIGNAT	7 10	
NOT WELL	1 Milo	Mus	- Jabingdon, M	d.	DATE	MN 9	'58 Ul	Shedui	. ^	

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INTEGERAL:

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funeral director,

the registrar within in by the funeral

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cerificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit. TO FUNERAL DIRECTOR: The law requires that the death certificate be filed

A15C 1-55 10M

REMOVAL (SPECIFY)

REC'D BY REGISTRAR

JAN 1 4 '58

REGISTRAR'S SIGNATURE

within 24 hours after death,

cerlificate be

CERTIFICATE OF DEATH Reg. Dist. No.....

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY BOLLTIMILYE MARYLAND	STATE THE COUNTY PECTO
CITY (If outside corporate fimits, write RURAL LENGTH OF STAY OR and give neerest town) / (in this place)	CITY (If outside Corporate limits, write RURAL and give nearest town)
OR and give neerest town! (In this plece). TOWN (In this plece).	x TOWN Brild Lim AD
HOSPITAL OR	STREET (If rurel give location)
INSTITUTION OR STREET ADDRESS	ADDRESS
3. NAME OF (First) (Middle) DECEASED	(Lest) 4. DATE (Month) (Dey) (Year)
(Type or Print) Ella Maude Ma	CCUS 5/2 OF DEATH Jan. 10 10 58
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE C	OF BIRTH 9. AGE lest birthday IF UNDER 1 YEAR IF UNDER 24 HR.
F (Specify) S1779/8 /1/ay	rch 17,1879 78 yrs. Months Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
retired) BOOKKEY	addwin Ind
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John / /// 66 46-172	ELIZALETH Viat KINS
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unk.)	17. INFORMANT & ADDRESS
(185, no, or unit.) — (11 185, give wat or dates of service)	Nolm W. MCCublin
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	
Carlell	ONSET AND DEATH
Market Chost (N)	Pascular Accident & day
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B)	~ (1 ° ~
GIVING RISE TO THE ABOVE CAUSE	
STATING UNDERLYING CAUSE LAST. DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
216. ACC'DENT WAS UNDERLYING 216. PLACE (Home, form, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF ETHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (Stele)
	21f. HOW DID INJURY OCCUR?
M. ef work et work	
22. I hereby certify that I attended the deceased from 12 -	
alive on	2
SIGNATURE	ADDRESS (Street, city, town, stells) DATE SIGNED
William a. Joson M.O.	1195-11/4 Md 1-11-
23 RIBIAL CREMATION DATE THEREOF MINUS OF CENTERS OF	CDF113 CDF1

(25, FUNERAL DIRECTOR'S SIGNATURE

ne law requires that the death attending physician,

PHYSICIAN OR HOSPITAL: The

BUREAU V. S.

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DECENTED !

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VS A15 (4)

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CERTIFICATE OF DEATH

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	Reg. Dist. No.					
	1. PLACE OF DEATH G. COUNTY BALTIMORE MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution; Residence before admission) o. STATE b COUNTY				
	b. CITY OR TOWN (If outside corporate limits, write RORA) and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FRM				
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) ORINSTITUTION TAIL TO LA ROS- CLENVIEW AVE	HARFORD Rd & FLENVIEN AVE VES NOW				
	3 NAME OF DECEASED (Type or print) Deborate Middle McLear Month Day Year OF DEATH AAI 10 19 5 S. SEX FIRST Month Day Year OF DEATH AAI 10 19 5 S. SEX WIDOWED DIVORCED FOR BIRTH WIDOWED FOR BIRT					
,	10a. USUAL OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OR IND during most of working life, eyen if retired) TOUSE WIFE AT HEME	NUSTRY 11. BIRTHPLACE (Stole or foreign country) New VOICK 12. CITIZEN OF WHAT COUNTRY? NO SA				
	13. FATHER'S NAME					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NO REPORT OF UNINDOWN PROPERTY OF DECEMBER 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address Address Address						
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	James ONSET AND DEATH				
	Conditions, if any, which) (b) Aufserteuxuri cartexur -					
	gave rise to immediate cove (a), stoling the under-lying couse lost. DUE TO Scherolic (3)	volvo l'ascular desease 20 + 40				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 201. ACCIDENT WAS UNDERLYING (CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injerty in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) Hour o. m. 19 While of work of work factory, street, office bidg, etc.)					
	th occurred at 6 AM, from the causes and on the date stated above.					
	ACTUAL SIGNATURE THE SIGNATURE TO SERVE M	ADDRESS (Street, city of town state) M.D. 900 100 100 100 100 100 100 100 100 100				
1	PHYSICIAN'S FRANKT KASIK'SR BALTE 14 MIC					
	230 BURIAL, CREMAT ON, 226. DATE THEREOF 22c. NAME OF CEMETERY HISS'	OR CREMATORY 22d. LOCATION (City, tawn, or county) (State) EMELERY FARKVILLE : 1 /10 to				
	23 FUNERAL DIRECTOR'S SIGNATURE CHAS F. EVANS + SON 8802 HARTORD REGISTRAR SISTEMATURE CHAS F. EVANS + SON 8802 HARTORD REGISTRAR SISTEMATURE DATE JAN 1 5 '58					

may be retained by the haspital ar attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 defeated for use as the burial-transit permit. Then please remove carbon papers. Pages 1 2 shauld be filed with the registral prior to burial, cremation, ar remaval, and in any event within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 hours after death. Page 4 VS A1S (4) 1SM 9/SS

enbern v. s.

DESELVEL.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00337 Reg. Dist. No. Baltimore e. IS RESIDENCE ON A FARM? YES NO P Day Year 18 19 58 Jan. IF UNDER 1 YEAR IF UNDER 24 HRS Manths Days 12. CITIZEN OF WHAT COUNTRY? U.S.A. Baltimore 12 Md. INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO T (County) (Stote)

DATE SIGNED

(State)

Pa.

Month

YES.

BURLLAU V. S.

C: VAI

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DESENVED IN THE PROPERTY OF TH

BOMEAU V. S.

15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00339 Rea, Dist. No. IS RESIDENCE ON A FARM? YES NO X Day Yeor Jan. 21 19 IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Min 12. CITIZEN OF WHAT COUNTRY? U.S.A Address INTERVAL BETWEEN PERFORMED? YES T NO T (County) (State) ____, 19____,that I last sow the deceased from the causes and on the date stated above. DATE SIGNED (State) Hill Road Md. 246. REGISTRAR'S SIGNATURE



BRUEVA A' &

8361 G N.

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director

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VS A15 (4)

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Reg. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) o. COUNTY filed b. COUNTY MARYLAND c CITY OR TOWN (Voutside carporate limits, write PIPAL and give nearest town) funeral b. CITY OR TOWN I'll outside corporate limits, write c. LENGTH OF STAY IN 16 pe RURAL and give pegrest town phonia d NAME OF HOSPITAL (If not in haspital, g ve street address)
OR INSTITUTION. STREET ADDRESS e. IS RESIDENCE YES NO D Conowingo -- Route NAME OF Middle 4. DATE Month Day Year DECEASED OF DEATH (Type or print) 19.53 7. MARRIED NEVER MARRIED 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months DIVORCED | WIDOWED | 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S FRMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address 20 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 446 WX DUE TO Conditions, if any, which 847 Singll gave rise to immediate **DUE TO** cause (a), stating the underlying couse lost. buriol-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REPATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? SILLUS Hyombesic YES NO 200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 1 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20d. INJURY OCCURRED (State) (County) factory, street, affice bldg., etc.) Hour o. m. While Nat while at work of work 26 19.50, to war 24, 19.5 1, that I last saw the deceased 21. I certify that I attended the deceased fram. and that death occurred at 11 PM, from the causes and an the date stated above. DIRECTOR ADDRESS (Street, city or fawn, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S LAdahor NAME (Type) FUNE oge 3 Woodlawn Memorial 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d LOCATION (City, town or county) REMOVAL (Specify) Bluewell, West Virginia 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55 DATE JAN 3 0 '58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

HOSPITAL



e, IS RESIDENCE ON A FARM?

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO I

> > (Stole)

DATE-61GNED

(Stote)

YES [

(County)

12. CITIZEN OF WHAT COUNTRY?

Days

YES NO

Yeor 195

Rea. Dist. No.

Month

Address

Months

VS A15 (4) 15M 9/55

HOSPITAL

death.

executed

24b REGISTRAR'S SIGNATURE

BUREAU V. S.

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BUREAU V. S.

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MARYLA	ND ST	ATE DEPARTM	ENT OF HEALTH	-BAL	TIMORE, 1	8		0010	
35	56	CERTIFICA	ATE OF DEATH	4		Reg. Di		0346	
ewood State	Trai	ning Jehool	2 USUAL RESIDENCE (WHO STATE Faryland	ere decease	d lived If institution b COUNTY	n Residen		Imission)	
utside corporate limits, v est lown] • liaryland	vrite c. i	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
(If not in hospitol, give ate Frainin		ress)	Baltimore, Maryland d street ADDRESS 1106 Ramblewood Rd. ##77/////////////////////////////////						
First Willia		Middle Marlow	Mitchell	4, DATE OF DEATH	Mon	th	Doy 16	Yeor 19 58	
White w	IDOWED [DIVORCED [8 DATE OF BIRTH		9. AGE (In years lost birthday) 49 yrs.	Months		INDER 24 HRS	
(Give kind of work done) life, even if retired)	10b. KINI	O OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	1	country)	12. CIT		HAT COUNTRY?	
14. MOTHER'S MAIDEN NAME (Wilhelmins) Witchell (deceased) Minnie Schultz (deceased)									
N U. S. ARMED FORCES	0)	TAL SECURITY NO 17.	NFORMANT Rosewood Reco	rds	Addr	ess			
[Enter only one couse WAS CAUSED BY- AMEDIATE CAUSE (o)			abscess and p	urule	nt bronch	itis		L BETWEEN	
DUE TO		-> 11 TAI							

1. PLACE OF DEATHLOS o. COUNTY Paltimore b. CITY OR TOWN IN a RURAL and give near Owings Gills d NAME OF HOSPITAN OR INSTITUTION Rosewood 3 3. NAME OF (Type or print) 5. SEX Male 10a USUAL OCCUPATION during most of working 13. FATHER'S NAME Milliam C 15. WAS DECEASED EVER 18. CAUSE OF DEATH PART I. DEATH Conditions, if ony, which Mongoloid Idiocv gove rise to immediate **DUE TO** couse (a), stoting the underlying couse lost. Scar formation in upper cervical cord due to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(a) 19 PERFORMED? herniated disc. YES 🔼 NO 🗍 20g ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICA 20e. PLACE OF INJURY (Home, form, 20c, TIME OF INJURY Month. 20d. INJURY OCCURRED Day, Year 20f. (City or town) (Stote) (County) Not while factory, street, office bldg , etc.) Hour o. m. While of work 🔲 of work 21. I certify that I attended the deceased fram.__ _____, 19___,that I last saw the deceased ___, and that death occurred at $5 \stackrel{\circ}{=} 00$ D.M. from the causes and an the date stated above. alive an ADDRESS (Street, city or town, stole) PHYSICIAN'S NAME (Type) 220 BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Woodlawn, UNERAD DIRECTOR'S SIGNATURE 24b REGISTRAR'S SIGNATURE 24o, REC'D 8Y REGISTRAR DATE JAN 2 1 58

VS A15 (4) 15M 9/55



ezet is nat

BUREAU V. S.

00347

e. 15 RESIDENCE

Day

Hours

INTERVAL SETWEEN ONSET AND DEATH

> PERFORMED? YES NO T

> > (Stote)

(Stote)

ON A FARM?

YES NO THE

Year

19 58

Reg. Dist. No.

FUNERAL DIRECTOR'S SIGNATURE

REMOVAL (Specify) burlal

VS A15 (4) 15M 9/55

9

Jan.

ADDRESS

Moreland Park Cem

24a, REC'D BY REGISTRAR

24b_REGISTRAR'S SIGNATURE

DATE

WILL

NEEDU V. S.

117 V 1210 21%.

			08	CERTII	FICA	AIE OF DEATH	il			Reg. D	îst. No.		
1.	PLACE OF DEATH COUNTY Balto.			MARY	AND	2 USUAL RESIDENCE (WI 0 STATE	here decease		nstitutio OUNTY		nce befo	re odmiss	ion)
	b. CITY OR TOWN (if RURAL and give ner ESSEX		h, write	c. LENGTH OF STAY I	N 16	c CITY OR TOWN (IF 6	,	orate limits, s	write Rl			irest tawi)
	d. NAME OF HOSPITA OR INSTITUTION INVESTIGATE	AL (If not in hospita), go Apts. Apt	. 16	C Fenway S	0	d street address Riverdale A		enway Apt. 1					IDENCE FARM?
	NAME OF DECEASED (Type or print)	WILL	MAI	Middle L		ORTIMER	4. DATE OF DEATH		Jan		12	,	Year 19 58
	sex nale	6. COLOR OR RACE White	7 MARRI WIDOWE	DIVORCED	_ ,	Sept 5. 1893		9. AGE (In lost birth	yeors hday) yrs.	Manths:	Days	Haurs	ER 24 HRS. Min.
i .	during most of worki	ng life, even it refired)		ot . Adm.	INDUS	Penna	or foreign	country)		12. C	TIZEN C	F WHAT	COUNTRY
13.	FATHER'S NAME					14. MOTHER'S MAIDEN I	NAME						
	Martin Mort					Annie Ve	*****						
15. (Ye		IN U. S ARMED FOR Type, give wer or defen of to World War	ntarce)	SOCIAL SECURITY NO.		rs. Katherine	M. M	anti ma		ess / G			
				CD@ e for (o), (b), and (c).]	1		110 11	or orme		TITAL		RVAL BE	
		H WAS CAUSED BY:		COL	di.	of Failu	2					ET AND	
	430.0 DUE TO 2 - 1												
	Conditions, if any, which) (arterioselerotic Heart Desease												
	gave rise to im cause (a), stating t	mediate (
	lying couse last.	(c))										
ATIO	PART II. OTHI		DITIONS CO	ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE TERM	INAL DISEAS	SE CONDITIC	ON GIV	EN IN PAI	RT 1(0) 1	PERFC	AUTOPSY DRMED?
CERTIFICATIO	200 ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part II or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)												
MEDICAL	20c TIME OF INJURY Hour a.m. p.m.	Month, Day, Yes	20d. IN While of work	_ Nat while _		CE OF INJURY (Hame, farn fary, street, office bldg., etc		y or tawn)		-	(County)		(State)
	21. I certify the	at I attended the	decease	d fram sle ?	3/_	19-17, 10	the 17	1	gn 8	that I	last so	w the	deceased
	21. I certify that I attended the deceased fram 3/2, to fam 12/2, to fam 12/2, that I last saw the deceased alive on 12/2, and that death accurred at 6/20 M, from the causes and an the date stated above.												
	ACTUAL SIGNATURE SIGNATURE ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE M.D. 901 FUSELAGE 17 V. BAHTIMORE 20 NG												
	PHYSICIAN'S IR	VING R. B	ECK	.ליאת									
١.,	BURIAL, CREMATION REMOVAL (Specify)	1/16/58	F	22c. NAME OF CEME	_			TION (City,	town, o	r county)		(Stat	e)
_	FUNERAL DIRECTOR'S		0/	ADDRESS /	4		D BY REGIS	TRAR 246	REGIS	TRAR'S SI	GNATU	E	
1	11 M. 20	I'm rewer	L /X	Jours -/2	al	10/7 Ker DATE BAT	N 1 4 '5	8 (- 5			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be relained by the hospital are attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 had be detached for use as the burial-transit permit. Then please remove corbon papers. Pages and 2 should be filled with the regard or prior to burial, cremation, or remayol, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

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CERTIFICATE OF DEATH

		-U	W	Ú	•)	
100	Dist					

1-		00.	7							Reg. Di	37, 140.			
	PLACE OF DEATH a. COUNTY	Baltimore	-	MARYL	AND	2 USUAL RESID		rylan	d lived. If institut b. COUNTY	,	ice befor		ion)	
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)						c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lown)								
	Catons			2vrlomths7d	vs	LaPla	ta. M	d.		7.			4 7	
		AL (If not in hospital, g	ive street			d STREET A						e 15 RES	IDENCE FARM?	
5	SPRING GR	OVE STATE	HOS	SPITAL		Rou	te #2						NO 🔲	
	NAME OF DECEASED (Type or print)	Fir All	ert	Middle		Murph		4. DATE OF DEATH	Mo	nuary	Doy	′	Year 19 58	
5.	SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIE		DATE OF BIRTH	1		9 AGE (In years				R 24 HRS.	
	male	white	WIDOW			June 9,	1881		lost birthday)	Manths	Doys	Hours	Min,	
100	USUAL OCCUPATION	ON (Give kind of work i	done 10b	KIND OF BUSINESS OR	INDUST			or foreign c	ountry)	12. CIT	IZEN OI	F WHAT	COUNTRY?	
	farmer	ling life, even if retired	,				Mary l	and		T	J. S.	Α		
13.	FATHER'S NAME					14. MOTHER'S						4		
	Alphous	Murrha				Unk	novn							
15	WAS DECEASED EVE	R IN U S. ARMED FOR	CES7 16	SOCIAL SECURITY NO	17 IN	FORMANT	1101111		Ado	lress				
(Yo	unknown	(It yes, give war or dates of s	1	unknown	Rer	cords:	SPRIN	G GR	OVE STA	TE HO	SPI	TAT.		
F		TH [Fater only one co		ne for (a), (b), and (c)]	1 2000	, O1 (10°	OTIVITY	<u>a gri</u>	OVI DIA.	ie in		RVAL BE	TWEEN	
		TH WAS CAUSED BY:	Anni	teriosclero	tic	candi are	smil-	n die	20000			ET AND		
	1 21	IMMEDIATE CAUSE (o		061 1030161 0	ULC	Cararova	ABCILLE.	t ule	ease		-			
	Conditions if a		A	terioscle ro :	qiq	reme mal	1100A							
	Canditions, if a	m mediate	1	DEL TODCTETO	وميره	Serie 197	LIZCU							
Н	lying cause last.	the under:	•											
Z		(C SER SIGNIFICANT CON	DITIONS (CONTRIBUTING TO DEA	TH BUT P	NOT RELATED TO	THE TERMI	NAI DISEAS	E CONDITION OF	VEN IN PAG	T 1/o \ 19	P. WAS	AUTOPSY	
ATION							7776 7217777	016 0102110				PERFO	RMED?	
CERTIFIC	200 ACCIDENT WA	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINERS	206. DES	CRIBE HOW INJURY OC	CURRED	(Enter nature al	f injury in P	art I ar Par	t It of item 1B)			.63 🗆	110 23	
	20c. TIME OF INJUR			· · · · · · · · · · · · · · · · · · ·	20. 04.4	CE OF BUILDING		mas seri					10	
MEDICAL	Hour g. m.	Y Month, Day, Ye	While		fact	CE OF INJURY () ory, street, office	bldg., etc.	l Lavr (City	or iawnj	(9	County)		(State)	
	21. I certify th	at I attended the	deceas	sed fram Dec.	16	19.57	, to U	lan. 2	3 1958	that I	last sa	w the	deceased	
		lan. 23	12	58, and that (
		A 1 .							treet, city ar lawn,				ATE SIGNED	
	ACTUAL SIGNATURE	stell.	al	Vachsler	^	SPR1	NG G	ROVE	STATE I	HOS.IT	PAL	1-2	23-58	
	PHYSICIAN'S NAME (Type)	Stella W	achs	ler, M. D.		Cat	onsvi	lle 2	8. Maryla	and				
220	REMOVAL (Specify)	1-27-	58	22c NAME OF CEME	TERY OR	CREMATORY_	7	22d 10CA	TION (City, town.	ar county)	C	Istat In i	9/	
23.	FUNERAL DIRECTOR	S SIGNATURE	11	ADDRESS	1:	11/		BY REGIS	RAR 24b. REG	STRAR'S SI	GNATUR	RE		
4	your !	1- brund	Atm	e Wat	do	1 199	DATE IA	N 2 8 15	18 1198	Lea	un	7-2-1-2-1		

TO FUNEPAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 Id be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours offer-death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 VS A15 (4) 15M 9/55



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hanner	351		CERTIF	ICATE	OF DEATI	1		Reg. Dis	() () { t. No.	,,,,
1. PLACE OF DEAT O COUNTY Bolt	imore		MARYL	- 11 -	JSUAL RESIDENCE (WI STATE Marylai		d lived IF instituti b. COUNTY			ission)
b. CITY OR TOV RURAL and gi	N (If outside corporate limite nearest town)	h, write	c. LENGTH OF STAY IN	V 16	CITY OR TOWN (IF	outside corpo	orate limits, write R			wn)
d. NAME OF HO	SPITAL (If not in hospital, g	ive street o	32 Days	H H	Tyaskii	n.			ON	ESIDENCE A FARM?
3 NAME OF DECEASED	rans Adminis	şt	Middle		lost	4. DATE	January	nth	DO YES 1	NO 🔀
(Type or print) 5 SEX	WTLLTA		H. IED T NEVER MARRIED		URPHY	DEATH		TIE LINDER I	YEAR IF UN	19 58
Male	White	WIDOWE			ptember 21	1924	9. AGE (In years low birthday) 33 yrs.	-	Days Hour	
100. USUAL OCCUP during most of Salesma	ATION (Give kind of work of working life, even if relired in - Delivery	done 106.	kind of Business OR read Compar	1	11. BIRTHPLACE (Store Nanticok			3	S. A.	
13 FATHER'S NAME	36 1			14	MOTHER'S MAIDEN					
	. Murphy EVER IN U. S. ARMED FOR	CEC2 14	SOCIAL SECURITY NO.	17 INFOR	Vannie Du	1111	Add			
(Yes no or unknown) Yes	(If yes, give wor or date of s	HVICE)	SOCIAL SECORITI NO.		ical Rec.,	Vet.Ad			Howard	l,Md.
18 CAUSE OF	DEATH (Enter only one co	use per lin	e for (o), (b), and (c)]						INTERVAL	BETWEEN
PART I.	DEATH WAS CAUSED BY, IMMEDIATE CAUSE (o	MUI	TIPLE MYELO	AMK					2 101	THS
203										
	if ony, which } (b	1								
	o immediate DUE TO									
lying couse I)	THE TATE AND THE PARTY AND THE						1	
Š	OTHER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEAT	H BUT NOT	RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART	PERF	ORMED?
200. ACCIDENT OR CONTRIBUT	WAS UNDERLYING ING CAUSE OF DEATH	206. DESC	CRIBE HOW INJURY OCC	CURRED (En	ter noture of injury in	Port 1 or Por	t () of item 18)			
Hour o.	IJURY Month, Doy Yeo m 19	While	Not while	0e. PLACE Of fociory.	F INJURY (Home, farm street, office bldg., eld	. 20f. (City	or Iown)	(Co	ounty)	(Slale)
21. I certify	that * attended the	decease	ed from Decemb	per 23	, 19.57 , to Ja	nuary	24 1958	XXXXXX	YOX YOX YO	XQCXXCX
AUGUUXX	OXXXXXXXXXXXXX	XXXXX	XXXX and that d	leath acc	urred at 2:45	A.M. fran	n the causes o	and an the	e date sta	ted aba
ACTUAL	0	7					lreet, city or town,			PATE SIGN
SIGNATURE	young	n	leman	M.D.	VA HOSPIT	AL, FO	RT HOWAR	D, MAF	RYLAND	1/24/
PHYSICIAN'S NAME (Type)	IRVING FREEM	AN_ C	hief, Medic	cal Se	rvice, VAH,	Fort	Howard,	Maryla	ind	
220. BURIAL, CREM REMOVAL (Spe BULL al	ATION, 776. DATE THEREO	-58	Family			Wico	TION (City, town, omico Cou	nty,	larylar	otel 1 d
burial								~ ~	-	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 yeld be detached for use as the buriof-transit permit. Then please remave carbon papers. Pages at 2 should be filled with the regimes prior to burial, crematian, or remaval, and in any event within 72 hours after death.

VS A15 (4) 15M 9/SS SHIPPED



BUREAU V. S.

ADDRESS

24a. REC'D BY REGISTRAR

JAN 1 0

24b. REGISTRAR'S SIGNATURE

VS A15 (-15M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

death.

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EUTELLU V. S.

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hours ofter death. Page

DECEIVED

BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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15M 9/55

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W.S. Fialkowski, 2007 Eastern Ave, Balte. 34, Md.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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BEEN V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

FINLIN K. S.

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367 **CERTIFICATE OF DEATH** with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY filed **b.** COUNTY MARYLAND ero b. CITY_OR TOWN (if outside corporate limits, write c. LENGTH OF STAY IN 16 c. CID-OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAF and dive nearest town) P NAME OF HOSPITAL (If not in hospital, give street activess) d. STREET ADDRES . IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NAME O DATE Month Year Day DECEASED (Type or print) DEATH oges 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years jost birthday) B. DAJE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys DIVORCED [WIDOWED A yrs. No. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? after-death during most of lyopking life, even if retired) corbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME mave 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) ONSET AND DEATH **DUE TO** Conditions, if any, which (b) gave rise to immediate Per **DUE TO** couse (a), stating the underpup lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS) PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour a. n. factory, street, office bldg., etc.) Not while of work of work p. m. AMURRY 7, 19 58, that I last saw the deceased 21. I certify_that I attended the deceased fram. and that death accurred at 12-30 M, from the causes and an the date stated above. ACTUAL SIGNATURE 2 0 PHYSICIAN'S NAME (Type) may be D FUNER page 3 229/BURIAL, CREMATION, 1 22b DATE THEREOF MAME OF CEMETERY OR CREMATORY 22d. LOGATION (City, town, or county) (State) RIMOVAL (Speciful) 0 23_FUNERAL DIRECTOR'S STOMATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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BECEINED

1 × /		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1	8
17	7	368 CERTIFICATE OF DEATH	00358 Reg. Dist. No.
directo Filed wil		1. PLACE OF DEATH • COUNTY Baltimore MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institute • STAJE MARYLAND ABOUTTY	on: Residence befare admission) Balto
funeral		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town), Life X Stoneleigh	
24	ח	d NAME OF HOSPITAL (If not ighospital, give street oddress) or INSTITUTION 902 Kingston Road 902 Kingston	Road on a FARM? YES NO B
filled in			n 19 1958
Par	1	5. SEX Race 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (18) years last birthdoy) 6/ yrs.	Months Doys Hours Min
bon papers, at death.		100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) during most of working life, even, if retired) Myg. agent. Baltimore	12. CITIZEN OF WHAT COUNTRY? M & G
sician ve car urs afte		13. FATHER'S NAME George Peters 14. MOTHER'S MAIDEN NAME Owens	
ling phy se rema 172 hau		15. WAS OFCEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT O Addition of the security of the contract of the security	V
e ottend en plea nt withiu		18. CAUSE OF DEATH [Enter only one couse per line for (o). (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) A coult Congestive Heart Failure	INTERVAL BETWEEN ONSET AND DEATH
d by the mit. The		Conditions if ony, which) (b) Arteres deler che Deart Cliverse.	
nsit per and in		gove rise to immediate cotse (a), stating the under-lying couse last. Columbia Colu	
nial-tra		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE 200, ACCIDENT WAS UNDERLYING CAUSE OF DEATH CONTRIBUTING CAUSE OF DEATH CONTRIBUTING CAUSE OF DEATH CONTRIBUTING CAUSE OF DEATH CONTRIBUTING CAUSE OF DEATH CONTRIBUTION CONTRIB	/EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
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or use o		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. 19 While of work of work foctory, street, office bidg., etc.)	(County) (State)
ached fo		alive on 1/1/1/58	
d be del priar ta	,	ACTUAL SIGNATURE FM Dug au M.D. ADDRESS (Street, city or lown,	stole) DATE SIGNED
	1	PHYSICIAN'S F.M. D. GAN M.D.	
page 3.			ore med
A15 (4) N 9/55	,	Henry W. Jenkins + Sons Co. 4905 York Rd. Date JAN 20'58	otrar's signature?
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EUREAU V. R.

DANIES!

Reg. Dist. No.

1.	PLACE OF DEATH a. COUNTY The Market P	MARYLAND	2 USUAL RESIDENCE (W		If institutions Residence COUNTY	before admission)
	b. CITY OR TOWN (If ounide corporate limits, write RUPAL and give nearest Jown)	OF STAY IN 16	c. CITY OR TOWN (III	outside corporate limit	s, write RURAL and giv	e nearest town]
200	d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION ALISE IN The Pines /16 fustin	O AVE-	d STREET ADDRESS	Read		e. IS RESIDENCE ON A FARM? YES NOTE
	NAME OF FyAI DECEASED (Type or print)	Middle	Paul P 11	4. DATE OF DEATH	Manth Marth	Day Yeor
-	SEX 6. COLOR OR RACE 7. MARRIED NEVI	R MARRIED [8. DATE OF BIRTH	0-7	In your IF UNDER 1	YEAR IF UNDER 24 HRS.
100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BU during most of working life, even if refired) Housework (187-) Own 11	SINESS OR INDU	STRY IT BIRTHPLACE (STOR	or foreign country)	12. CITIZ 54 U-	EN OF WHAT COUNTRY?
13.	FATHER'S NAME Somuel C. Easton		14 MOTHER'S MAIDEN	NAME Falts		· //.
	WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECTION OF OUR PROPERTY OF THE PROPERTY OF	JRITY NO 17	H-Ralbh E.	Bwell	Address #2	bolis Md-
	18. CAUSE OF DEATH [Enter only one couse per line far (a). (b) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	and (c)	mile	e of	Tage	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gove rise to immediate cause (a), stating the under lying couse last.	ren	nyoc	lerio	Delar	2.20
ICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	de	la			19. WAS AUTOPSY PERFORMED? YES NO 2
L CERTIF	OR CONTRIBUTING CAUSE OF DEATH		ED (Enter nature of injury in			
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCU Haur e. m. While Not who of wark of work	ile fo	ACE OF INJURY (Home, far ictory, street, office bldg., el	m. 20f. (City or town)) (Co	unty) (State)
	21. I certify that I attended the deceased from.	nd that deal	7 . 19 22, to 1	-		st saw the deceased
	ACTUAL SIGNATURE	Leng	1.	RODRESS (Street, city	or lown, state)	DATE SIGNED
	PHYSICIAN'S BEBRUME	209/	2 86	Here	ge 27.	24
220	REMOVAL (Specify)	OF CEMETERY O	OR CREMATORY	DOFFEY	Haward C	(State)
23.	FUNERAL ETECTOR'S SIGNATURE Then Bur	ss nie /4	240. REC		Ab. REGISTRAR'S SIGN	IATURE

VS A15 (4) 15M 9/55

Y. C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00361 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Baltimore Marvland Baltimore b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporale limits, write RURAL and give nearest town) RURAL and give nearest town) 70 Pikesville Rural Pikesville d. NAME OF HOSPITAL (If not in haspital, give street oddress) d. STREET ADDRESS e. 15 RESIDENCE ON A FARM? Reisterstown Rd YES NO 📆 4. DATE NAME OF Middle Manth Day Year OF DEATH DECEASED (Type or print) Minnie Conrad Purcel January 19 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Hours WIDOWED [DIVORCED [7] Temale popers. 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) U.S.A. Maryland Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Conrad Geneva R. Sheehan IS. WAS DECEASEDEVER IN U. S. ARMED FORCES? 14. SOCIAL SECURITY NO. 17. INFORMANT Address .Pikesville 219-07-2501B Mr. Charles W. Purcell no INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: brunkt IMMEDIATE CAUSE (a) DUE TO Canditions, if ony, which gave tise to immediate **DUE TO** catse (a), slating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 206. DESCRISE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Hame, farm, 20f (City or lawn) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Hour a.m. Nat while at work of work p. m. 19 Lithat I last saw the deceased 21. I certify that I attended the deceased from. and that death occurred at M, from the couses and on the date stated above. ADDRESS (Street, city or lawn, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Louis Dalman FUNER 220 SURIAL, CREMAT ON, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) REMOVAL (Specify) - Pikesville 8. Md. Druid Ridge Cemetery 95 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 276. REGISTRAR'S SIGNATURE DATE AN 2 4 VS ⊞15 (4) 15M 9/55

DECENVED S

EUREAU V. S.

death.

within 24 hours

HOSPITAL

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S.

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VS A15 (4) 15M 9/S5

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- _		0.17	051011101		Res	J. Dist. No.
	1. PLACE OF DEATH			2 USUAL RESIDENCE (When	e deceased lived. If institution, Re	sidence before admission)
	BALTIN	10RE	MARYLAND	o STATE MD	b. COUNTY 7	A177.
	b. CITY OR TOWN (If aunide carpora	te limits, write c. Ll	ENGTH OF STAY IN 16	c. CITY OR TOWN (If out	side carporate limits, write RURAL	and give nearest town)
,	RURAL and give nearest town) ATONSVI	ILE		"R417	MORE 3	
ı	d NAME OF HOSPITAL (If not in hose	ital, give street addre	58)	d STREET ADDRESS		e. IS RESIDENCE
, [SHADY NOOK A	WRSING	HOME	608 Coo	KS LANE	YES NO BY
1	3 NAME OF DECEASED (Type or print) ROSA	First	Middle	HODES	OF Month	25 1958
- 1	5. SEX 6. COLOR ORA	ACE 7 MARRIED F	NEVER MARRIED	8 DATE OF BIRTH	271144	NDER 1 YEAR IF UNDER 24 HRS.
	F. W.	WIDOWED		MAY 19, 186	3 Jost birthday) Mon	
	10a. USUAL OCCUPATION (Give kind of during most of working life, even if r	wark dane 10b, KIND	OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Slate or	foreign country) 12	CITIZEN OF WHAT COUNTRY?
	7.101	/	9, H.	MD,		U.SA,
Ī	3 FATHER'S NAME	. //		14 MOTHER'S MAIDEN NA	ME	
	MATTHA	EIN/ HAT	PDESTU	MARV A	ELLEN!	
	S. WAS DECEASED EVER IN U. S. ARMEI		AL SECURITY NO 17	NFORMANT	Address	
	(Yes, no or unknown) (If yes, give war or do	tes of service)	M	ISS JULIA MIT	RHODES, 608	Cooks LANE
	18. CAUSE OF DEATH [Enter only o		(a), (b), and (c).			INTERVAL BETWEEN ONSET AND DEATH
-1	PART 1 DEATH WAS CAUSED IMMEDIATE CAS	SE (o) INTOCHT	dial Insuff	iciency		OTTO LI AND DEATH
	" D	UE TO				
	Conditions, If any, which	th tori	inscleratio	car lin-vascul	r disease	
Y	gave rise to immediate cause (a), stating the under-	UE TO				
	lying cause last	(c)				
48	PART II OTHER SIGNIFICANT	CONDITIONS CONTI	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	AL DISEASE CONDITION GIVEN IN	
) [PERFORMED? YES NO NO
	PART II OTHER SIGNIFICANT PART II OTHER SIGNIFICANT DIE 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING DICAUSE OF DI UIF EITHER, NOTIFY MEDICAL EXAMI	206. DESCRIBE	HOW INJURY OCCURRE	D. (Enter nature of injury in Pai	rt I ar Part II af item 18)	
		NER)				
	20c. TIME OF INJURY Month, Day Have a. m. p. m.	, Year 20d, INJURY While	OCCURRED 20e PL	ACE OF INJURY (Home, form, tary, street, affice bldg., etc.)	201 (City or town)	(Caunty) (State)
	p. m.	19 at work		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	21. I certify that I attended	the deceased fr	om November	16, 1955 to Jul.	uczy 25, 10 58 the	nt Linst saw the deceased
	alive on Junior 14,					
					ODRESS (Street, city or town, state)	DATE SIGNED
1	ACTUAL SIGNATURE SIGNATURE	1 Fai	m		ldson Avenue	1/27/58
	PHYSICIAN'S	4				
	NAME (Type) George A.	Knipp, I.	. D.	Baltimore	49, lamiland	
- 2	220 BURIAL, CREMATION, 22by DATE TI	STORE TO	NAME OF CEMETERY O		2d LOCATION (City, fown, or court	nty) (State)
2	73 FUNERAL DIRECTOR'S SIGNATURE	0/00 0	PRUID RI.	DGE	TIES FILLE	/V/D)
ľ	Late Trees Tours	· ·		. 1	BY REGISTRAR 24b. REGISTRAR	S SIGNATURE
K	THEREFUNERA	LP1K1410	1 EPMOND	SON DATE	1112 0 158 - 1	
				-	AIL Z S	

BECEIVED

ENKEYN A. S.

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			; 37	2 CERTIFICA	ATE OF DEATH	Reg. Di	U. No. UU364
director filed with		1	PLACE OF DEATH COUNTY Baltimore	MARYLAND	2 USUAL RESIDENCE (WAS STATE Marylan	ere deceased lived. If institution: Resident b. COUNTY	ce before admission)
eral be f			b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	c LENGTH OF STAY IN 16		utside carporate limits, write RURAL and g	give nearest tawn)
offer de the fun shauld			Fort Howard	9 days	Baltim	ore	344.4
ofte the sho	In the same of		 NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION 		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
d 2			Veterans Administrati	on Hospital	719 E. 4	3rd Street	YES NO X
7 2		3.	NAME OF First DECEASED	Middle	Last	4. DATE Month	Day Year
fill.			(Type or print) MICHAEL SEX 16 COLOR OR RACE 17 MA	A.	RICHTER	DEATH January	11 19 58
with Page		P.		RRIED NEVER MARRIED	8 DATE OF BIRTH	last birthday) Months	Days Hours Min.
naple pers.	. \	10		WED DIVORCED DIVORCED	August 7, 18		IZEN OF WHAT COUNTRY?
execund call			USUAL OCCUPATION (Give kind of work done to during most of working life, even if retired) Music Teacher D	ept. of Educati	on Anatimo		
ond bon		13.	FATHER'S NAME	ept. of rancati	on Austira		S.A.
afte Con		П	Michael Richter		Marie Kad		
iffice hysin nave		15	WAS DECEASED EVER IN U. S. ARMED FORCES? 1	S SOCIAL SECURITY NO 17	NFORMANT	Address	
cert ren ren 72 h		(Y	Yes WW I	215-18-6192	lin.Records.	Vet.Adm. Hospital,	Ft. Howard. M
andir eose hin		-	18. CAUSE OF DEATH (Enter only one couse per				INTERVAL BETWEEN
wii		П	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		FARCTION		ONSET AND DEATH
the The			420) DUE TO				/ DRIO
tho by sit.			Conditions, if any, which) (b)	CORONARY OCCI	USION		UNKNOWN
uires gned perm in a			gave rise to immediate OUE TO		249 - VIII - VII		
red on sign		_	tying cause lost. (c)				
he law physici has bee rial-trar naval, a	0	CATION		CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN PART	PERFORMED? YES NO
JAN: I tending ficate of the bu		L CERTIFI	20g ACCIDENT WAS UNDERLYING (1) 20b DI OR CONTRIBUTING (1) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D (Enter nature of injury in P	ort t ar Part II of item 18)	
PHYSIK al ar at this cert r use as emation		MEDICAL	Hour a.m. Whil		ACE OF INJURY (Home, form, clary, street, office bldg , etc.)	20f. (City or town) (C	ounty) (Slote)
NG Spil fer d fo			21 I certify that/Mattended the deced	sed from January 2		uary 11 158 20000	000000000000000000000000000000000000000
Ne h		:	20000000000000000000000000000000000000	XXXXXXXX and that death	occurred of 4:50	AM, from the causes and on th	ne date stoted above.
det det		П		•		ADDRESS (Street, city or town, state)	DATE SIGNED
PRECEDENCY PROPERTY OF THE PRO	1	П	SIGNATURE CONTRACTOR		M D		
retain	/		PHYSICIAN'S SOL LEVINSON, M.	D.	VAH, Fo	rt Howard, Md.	
HOSP oy be FUNE oge (224	BURIAL CREMATION, 226 DATE THEREOF	22c NAME OF CEMETERY O	R CREMATORY	22d LOCATION (City, fown, or county)	(Stote)
O For			REMOVAL (Specify) 1-15-58	Baltimore N	lational	Baltimore, Md.	
} 3-		23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	101	BY REGISTRAR 24b. REGISTRAR'S SIG	NATURE
YS A15 (4) 15M 9/55	71		Lim took- Dlight of	re 6009 Harfou	M KC DATE N 1	4 '58	
					,		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DECEIVED.

BULEAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

274 CERTIFICATE OF DEATH

. 00366

	Reg. Disi, No.
1. PLACE OF DEATH COUNTY Lacktowne MARYL	AND 2 USUAL RESIDENCE TWhere deceased lived If institution Residence before admiss on 2 STATE (Laure St. b. COUNTY Wary Land
b CITY OR TOWN (If outside carporate limits, write c, LENGTH OF STAY I RUPAt and give nearest town)	Book as 13
d NAME OF HOSPITAL (If not in hospital give street address) OR INSTRUCTION	d STREET ADDRESS
Spring Grove Oakle Hospital	2108 Rausey 81. YES □ NO X
3. NAME OF First Middle DECEASED (Type or print) WILLIAM T.	RIGGS DEATH January 18 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	lost birthday Manths Days Hours Min
10a USNAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OF dering most of working life. Wen if retired) FIREMAN BALTO. C	R INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CHIZEN OF WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15 WAS DECLASED EVER IN U. S. ALMED FORCES? 16 SOCIAL SECURITY NO 1914 NO 01 UNANDWN 1 (II) yet, give wor or cores of services 2/2 -10 - 748.	Thurs hurdred Riggs 4722 Dintford And
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ASACA C	decompouration ONSET AND DEATH
of dead of DUE TO 1	
Conditions. if any, which) (b) there sclere	Tre Cardiovascular alsase
gave rise to immediate couse (a), stating the under-	
lying cause fast. (c)	
Elecucia of reclein	TH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO [2]
200 ACCIDENT WAS UNDERLYING 7 206. DESCRIBE HOW INJURY OF OR CONTRIBUTING 7 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter nature of injury in Part I or Part II of stem 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Have a. m. White Nat white at work at work	20e. PLACE OF INJURY (Hame, farm. 20f (City or town) (County) (State) factory, street, affice bldg., etc.)
21. I certify that I attended the deceased from # / 2	
alive an 19.58 , and that	death occurred at $\mathcal{S} \stackrel{>}{=} \mathcal{A} \mathcal{M}$, from the causes and on the date stated above
ACTUAL SIGNATURE (Jeus Reeves	M.D. SPRING GROVE STATE HOSP. 1/18/5
PHYSICIAN'S Edwin GENE REEUES	3
220 BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMET DUR (AL /-22-58 NEW CA	TERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) The deal Baltimore Many and
23. FUMERAL DIRECTOR'S SIGNATURE ADDRESS LEO D'Achivel 2101 Frede	24a. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE

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WEVEL TO !

VS A15 (4) 15M 9/55

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214

CERTIFICATE OF DEATH Reg. Dist. No.

7	
1. MACE OF DEATH —COUNTY BALTIMORO MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) B. COUNTY Baltimore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn)
Arbutus 4 yrs	Arbutus 51
d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS , IS RESIDENCE ON A FARM?
1122 Elm Road	1122 Elm Road YES NO
3. NAME OF First Middle DECEASED	Lost 4. DATE Month Doy Year
(Type or print) HELEN A. RIMBACH	DEATH January 29 19 58
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IFUNDER I YEAR IF UNDER 24 HRS lost birthday) Months Days Hours Min
Female White WIDOWED DIVORCED	March 21, 1890 67 vs.
10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUS during most of working life, even if retired)	TRY 11 BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Sewing Machine Operator -Factory	Baltimore Maryland USA
13 FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Rudolph Junghans	Catherine Schmidt
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 11 (Yes. no or unknown) (If yes, give war or dates of service)	NFORMANT Address
No. 216-01-1962 He	elen M. Waznak Arbutus Md.
18. CAUSE OF DEATH [Enter only one couse pergline for (o), (b), and (c)]	INTERVAL BETWEEN ONSET AND DEATH
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) andler.	spendary Exeluer
DUE TO 1	
Conditions, if any, which) as (a challenge)	Marchay accident
gove rise to immediate DUE TO	y many many
lying couse lost	
PANT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
Presing Pretains	PERFORMED?
= 200 ACCIDENT WAS UNDER MING 1206 DESCRIBE HOW INJURY OCCURRED	C. (Enter nature of injury in Port 1 or Part II of Item 18.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200 ACCIDENT WAS UNDERSYING TO DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
3 20c. TIME OF INJURY Month. Day, Year 20d INJURY OCCURRED 20e PL	ACE OF INJURY IHome, form, 20f (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED to for one point of work of work of work to the point of	tory, street, office bldg., etc.)
21 I certify that I attended the deceased from 4-29-	58, 19 to /- 29 1958, that I last saw the deceased
1 00 -01	7: 7: 4
alive on 15 3 4 7 3 8 , 19 , and that death	Occurred a Mark Mark Mark Mark Mark Mark Mark Ma
SIGNATURE William 1. Buron	7
SIGNATURE / / SIGNATURE	Mo 4605 Edmondson Ave. 20 4 ag 58
PHYSICIAN'S William J. Bryson	
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d LOCATION (City, Iown, or county) (Stote)
Burial Feb.1-1958 Western Cer	metery Baltimore Maryland
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
17. 87. 11. 1860 7 - 1300 Eutaw	P1.17 DATE
	FEB 4 58 Whealth



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00368 Rea. Dist. No. e. IS RESIDENCE ON A FARM? YES NO Year 19 58 IF UNDER 1 YEAR IF UNDER 24 HRS Months Days 12. CITIZEN OF WHAT COUNTRY? U. S. A. HOSPITAL INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO A

> > (Stote)

DATE SIGNED

(Stole)

(County)

2 .V UV. 5

BUREAU V. S.

DECENSED

CERTIFICATE OF DEATH

Dag Dist No

34									wadi pisi	. 140.		
1	1. PLACE OF DEATH o. COUNTY					2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) b. COUNTY						
1	Baltimore			MARYLANI	Mar	yland				imore		
	b CITY OR TOWN (If outs RURAL and give negrest	side corporate limits, v Llown)	write c. LEN	GTH OF STAY IN 11	c. CITY O	R TOWN (IF	outside corpo	prote limits, write RL	JRAL ond gi	ve negrest	fown)	
	Fort Howard			Days	Bal	timore	<u> </u>				*	
	d. NAME OF HOSPITAL (III OR INSTITUTION	f not in hospital, give	street oddress)		d STREE	T ADDRESS				e. IS	RESIDENCE	
	Veterans Adm	<u>inistratio</u>	n Hospi	tal	10	East F	oultne	ey Street			S NO M	
	3. NAME OF DECEASED	First		Middle		Lost	4. DATE	Mont	h	Day	Yeor	
	(Type or print)	MARION		W.	RUSSEI	L	DEATH	January		16	19 58	
	5. SEX 6. (COLOR OR RACE 7.	MARRIED 🔲	NEVER MARRIED				9. AGE (In years			NDER 24 HRS.	
			DOWED 🗌	DIVORCED [17, 1		64 pri	Months [Days Ho	urs Min	
	10a. USUAL OCCUPATION (G during most of working I		10b. KIND O	F BUSINESS OR IN	OUSTRY 11. BIRTH	IPLACE (Stote	or foreign c	ountry)	12. CITIZ	EN OF W	HAT COUNTRY/	
Д	Soldier - Re	tired	U. S.	Army	Balti	more,	Maryla	and	U.	. S. /	4.	
	13. FATHER'S NAME				14 MOTHE	R'S MAIDEN N	NAME		-			
	William Russe				Caro	line B	letz					
	15. WAS DECEASED EVER IN	U. S. ARMED FORCES give wor or dates of service		SECURITY NO. 17	INFORMANT			Addre	255			
	Yes W	/ II	None		lin.Rec.	,Vet.	Adm. Ho	spital,F	ort Ho	ward,	Md.	
	18. CAUSE OF DEATH		per line for (o), (b), and (c)]							L BETWEEN	
	PART I, DEATH W	MEDIATE CAUSE (0) B	RONCHOE	NEUMON LA	BOTH RIC	HIT AND	LEFT	LOWER LO	BES		ND DEATH	
1	441X	DUE TO							-		777	
V	Conditions, if any, v	which) (b)										
	gove rise to imme- couse (o), stoling the u	diote (-				
	lying couse last,	(c)										
	PART II. OTHER SI	IGNIFICANT CONDITI	ONS CONTRIB	JTING TO DEATH B	UT NOT RELATED	TO THE TERMI	NAL DISEAS	E CONDITION GIVE	N IN PART	1(o) 19. W	AS AUTOPSY	
4	2										RFORMED?	
	PART II. OTHER SI	DERLYING 1 206	. DESCRIBE H	DW INJURY OCCUR	RED, (Enter noture	of injury in I	Port I or Port	t II of item 18.)				
		ICAL EXAMINER)										
	20c. TIME OF INJURY M		20d. INJURY C		PLACE OF INJURY			or town)	(Co	unty)	(State)	
	Hour c. p.		While No of work □ of		foctory, street, of	ice blog., etc.	1					
	21. I certify that	Cattended the de	ceased from	January	10 . 19 5	8 to Ja	nuary	76 19 58	XXXXXX	000000	XXXXXXXX	
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			, and that dea								
	751	11/-	Po'		00001100			treet, city or town, a		e dale si	DATE SIGNED	
	ACTUAL SIGNATURE	OF FZ	the	J	un WA U	OC DTT A	T TOOL	T HOWARD	MADN	T AND	7/16/10	
		V			m.v. <u>.¥_M</u> _		الما عام وما	TT-ENWARD.	PIARI	THEFT	1/10/-20	
	PHYSICIAN'S NAME (Type) CHIEN	WET LAN	M.D.									
	220. BURIAL, CREMATION, 2	Zb. DATE THEREOF	22c. N	AME OF CEMETERY	OR CREMATORY		22d. LOCAT	IION (City, town, or	county)	1	Stote)	
	BUTTAL (Specify)	1-20-5	8 Ba	ltimore N	ational	Cemete		ltimore,		,		
	23. FUNERAL DIRECTOR'S SIG	NATURE		ODRESS			D BY REGIST					
ı	Wm.Cook-Bligh	t.Inc. 600	09 Harf	ord Rd. B	alto.lh.	MEDATEJAN	12 0 158	3 (200)	RALLE	1		

TO HOSPITAL OR ATTENDING PHYSICIAN: The tow requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 de detached for use as the burial-transit permit. Then please remave carbon papers. Pages delated by the filled with the regity, prior to burial, cremation, at remaval, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

OBVIEDE :

BUREAU V. L.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessory, please execute the certificate, writing the ward "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUN.

DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the regist miner to burial, cremation, or reme. **VS. A15ME(S)** 5M II/55

	L	215 CAL EXAMINER 3	Reg. Dist. No.
		PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE b. COUNTY
	_	/ Latto MARYLAND	ma ma
	"	b. CITY OR TOWN (If outside corporate limits, write STURAL or LENGTH OF STAY IN 16 and give nearest found	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	-	againe ogn-	. ayulu-
1	l °	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS 1/205 Alan Rodge YES NO A FARM? YES NO A
		NAME OF DECEASED A First Middle	Lost 4. DATE Month Day Year
	_	(Type or print) Tred, poseple	Saffac DEATH Jary 26 19.68
	3. 3	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. I	DATE OF BUTTH 9. AGE (In years TFUNDER 1YEAR IF UNDER 24 HRS. Monitis Days Hours Min.
	100	D. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY advising, most of refixing life, even if retired)	
-		national Broke	Balt rad lika
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
/	_	Sticol Saffian	Mary Feller
	15. (Yes	. WAS DECEASED EYER IN U. S. ARMED FORCES? 16/SORIAL SECURITY NO. 17. MNI s. no. or unknown). If yos, give wor or dates of service?	FORMANT Address Address
		18. CAUSE OF DEATH [Enter only one couse per line Tox (o), (b), and (c).]	INTERVAL BETWEEN
		PART I, DEATH WAS CAUSED BY:	ONSET AND DEATH
		420. 1 MMEDIATE CAUSE (a) DUE TO	1 months
		Conditions, if ony, which) (b)	
		gove rise to immediate couse (a), stating the underlying DUE TO	
		cause last. (c)	
	O.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
0	S		YES NO P
	CERTIFICATION	20s. EXTERNAL CAUSE WAS PR MARY 0 or CONTRIBUTING	ter noture af injury in Port I or Part II af item 18.)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE	OF INJURY (Home, form, 20f. (City ar town) (County) (State)
	MED	Haur o. m. While Not while factory of work of work	y, street, office bldg., etc.)
		21. I certify that I took charge of the remains described above	e, held an Autopsy . Inspection . Inquiry . and find that
		death resulted from: Natural causes . Accident . Suici	de, Homicide, Undetermined cause
		ACTUAL STORY HOLDS	DATE SIGNED
	П		M.D. CHIEF MEDICAL EXAMINER
J		EXAMINER'S GEO.S.M. KIEFFE	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEP
	220.	REMOVAL (Specify)	REMATORY 22d. LOCATION (City, town, of county) (State)
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	C	Leage of school 2101 Kredwick	ive DATEJAN 2 8 '58 Risserich
	_		

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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VS A15 (4) 15M 9/SS

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

378 CERTIFICATE OF DEATH

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PLACE OF DEATH COUNTY BALTIMORE MARYLAND					- CTATE						
CITY OR TOWN (I	f outside corporate limit	ls, write	c LENGTH OF STAY IN	4 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)						
Catonsville 29 dys					Washingt	on 21,	D. C.		1:	×	1.
NAME OF HOSPIT	AL (If not in hospitot, g	ive street	oddress)							e. 15	RESIDENCE N A FARM?
		100 ftr - 100 - 100 1			6526	non St	reet				NO D
	Fin	st	Middle		Lost		E	Month		Day	Year
	Hern	an	Willi	am	Sander		TH	Janua	rv	8	19 58
EX	6. COLOR OR RACE	7 MARE	IED 🔀 NEVER MARRIED		DATE OF BIRTH		9. AGE (In years IF			
male	white	WIDOWI	DIVORCED		April 5,	1883	74	yrs.	ionths	Days Ho	urs Min
USUAL OCCUPATIO	ON (Give kind of work o	done 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLACE (Stote or foreig	in country)		1	_	HAT COUNTRY?
					New Y	ork			U.	S. A.	
	•				14. MOTHER'S MAID	EN NAME					
Herman	n Sander				Phi	llipin	a				
			SOCIAL SECURITY NO.	17 15	IFORMANT			Address			
	(if pas, grown or occas or in		Unknown	Re	cords: SF	RING	GROVE	STATI	E HO	OSPIT.	AL
IB CAUSE OF DEA	TH [Enter only one co	use per lii	ne for (o), (b), and (c)]								L BETWEEN
PART I. DEA	TH WAS CAUSED BY:	Per	i-renal abs	ces	s and pyelo	onephri	itis			DWZELY	ND DEATH
B W.											
Conditions, if a	ny, which } (b)	1	Nephrolithi	asi	S						
	mmediate (~					
lying cause last.	(c)									
PART II. OTH	IER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DEAT	H BUT	NOT RELATED TO THE T	ERMINAL DIS	EASE CONDIT	ION GIVEN	IN PART	1(o) 19 W	AS AUTOPSY REORMED?
											NO 🗍
200 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b DES	CRIBE HOW INJURY OC	CURRED	l, (Enter nature of Injur	y in Port I or	Part II of iten	18)			
20c. TIME OF INJUR Hour a.m. p. m.	Y Manth, Doy, Yes	White	Not while				City or town)		(Ce	ounty)	(State)
21. I certify th	at Lattended the	decens	ed from Nov.	30	. 1957 to	Jan.	8	19 58,	hat I k	nst saw I	he deceased
			*							0 0010 3	DATE SIGNED
ACTUAL SIGNATURE	Steeler 1	dae	hoter		A.D. SPRING	GROVE	STAT	E HO	SPIT	AL 1	-8-58
	CL 99 II	ahele	r M. D.		_Catonsv	rilla 2	8. Mar	haefw			
PHYSICIAN'S NAME (Type)	Stella Wa					باد _ ابنا طوعاهاد ا		TOTINE			
PHYSICIAN'S NAME (Type) BURIAL CREMATION REMOVAL (Typicify)			22c. NAME OF CEMET	ERY OR			CATION (CIT)		ountyl	Ł'	State
	COUNTY B. COUNTY B. COUNTY B. COUNTY OR TOWN (I RUPAL and give ne Ca COISV. CA CA COISV. CA COIS	COUNTY BALTITORE CITY OR TOWN (If outside corporate limit RUBAL and give nearest fown) Catonsville Fin Catonsville Fin Catons or Race White Unithown Father's Name Herman Sander Was decased ever in u. s. armed for refired unknown If yes, give wer or dotes of working life, even if refired unknown Was decased ever in u. s. armed for refired unknown IB Cause of Death [Enter only one co Part I. Death was Caused By: IMMEDIATE Cause (of County of the Couse (of Stating the under lying couse lost. Part II. Other Significant con Conditions, if eny, which gove rise to immediate couse (of Stating the under lying couse lost. Part II. Other Significant con Contributing Cause of Death (If Either, Notify Medical examiner) Cot Time of Injury Month, Doy, Yee Hour c. m. p. m. 19 21. I certify that I attended the alive on Jan. 8	BALTIMORE COUNTY BALTIMORE COUNTY OR TOWN (If outside corporate limits, write RURAL and give negited town) Catonsville First First Catons or Race AMAR Mark Milte Widowe BALTIFORE COUNTY BALTIFORE CATORSVIILE CA	COUNTY BALTIMORE CATONY (If outside corporate limits, write CLENGTH OF STAY IN 1b RURAL and give nantest town) CATONS VILLE S. NAME OF HOSPITAL (If not in hospito), give street oddress) OR INSTITUTION PRING GROVE STATE HOSPITAL Middle First Middle Type or print) EX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 1000 KIND OF BUSINESS OR INDUS during most of working life, even if retired unknown FATHER'S NAME HETMAN SANGE HETMAN SANGE HETMAN SANGE WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17 In or unknown [If you give wor or dotest of services] UNKNOWN BE CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any, which gove rise to immediate cause (o), sloting the under lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING TO DEATH BUT OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21. I certify that I attended the deceosed from NOY 30 alive on Jan 8 19 58, and that death	DECINITY BALTIMORE COUNTY BALTIMORE COUNTY BALTIMORE COUNTY BALTIMORE COUNTY BALTIMORE COUNTY OR TOWN (If outside corporate limits, write county of Catunity) COUNTY OR TOWN (If outside corporate limits, write county) COUNTY OR TOWN (If outside corporate limits, write county) COUNTY OR TOWN (If outside corporate limits, write county) COUNTY OR TOWN (If outside corporate limits, write county) COUNTY OR TOWN (If outside corporate limits, write county) COUNTY OR TOWN (If outside corporate limits, write county) COUNTY OR TOWN (If outside corporate limits, write county) COUNTY OR TOWN (If outside corporate limits, write county) COUNTY OR TOWN (If outside corporate limits, write county) COUNTY OR TOWN (If outside corporate limits, write county) COUNTY OR TOWN (If outside corporate limits, write county) COUNTY OR TOWN (If outside corporate limits, write county) COUNTY OR TOWN (If outside corporate limits, write county) COUNTY OR TOWN (If outside corporate limits, write county) COUNTY OR TOWN (If outside conty) COUNTY OR TOWN (If outside corporate limits, write county) COUNTY OR TOWN (If outside conty) COUNTY OR TOWN (If outside conty) COUNTY OR TOWN (If outside corporate limits, write county) COUNTY OR TOWN (If outside conty) COUNTY OR TOWN (If outside corporate limits, write county) COUNTY OR TOWN (If outside corporate limits, write county) COUNTY OR TOWN (If outside corporate limits, write county) COUNTY OR TOWN (If outside limits, write outside county) COUNTY OR TOWN (If outside limits, write county) COUNTY OR TOWN (If outside county) INDUSTRY (IN IN IN IN IN IN IN INTERCT (IN IN IN INTERCT	BALTIMORE MARYLAND C. CITY OR TOWN (If outside corporate limits, write cuttoff and give negretal town) C. CITY OR TOWN (If outside corporate limits, write cuttoff and give negretal town) C. CITY OR TOWN (If outside corporate limits, write cuttoff and cuttoff and give negretal town) C. CITY OR TOWN (If outside corporate limits, write cuttoff and cu	December 1 of 100 per	Defended to the composition of t	SCUNTY BALTIFORE MARYLAND C. CITY OF TOWN (If outside corporate limits, write a clength of stay in 1b c. CITY OF TOWN (If outside corporate limits, write a clength of stay in 1b c. CITY OF TOWN (If outside corporate limits, write RURAL and go Washington 21, D. C. NAME OF LOWER COLOR OF RACE (In more limits) NAME OF LOWER STATE HOSPITAL MINING GROVE STATE HOSPITAL MINING OF DEATH HOSPITAL MODES OF DEATH HOSP	Description of the primary and	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A15 (4) 15M 9/55

Charles R. Law Mortuary 802-04 Madison Ave, Balto., Md.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY filed o. STATE Balto. **b.** COUNTY MARYLAND Md. Balto. b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give pearest town). Catonsville should d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 116 Forest Drive d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 116 Forest Drive YES NO NAME OF First Middle 4. DATE Lost Day Month Yeor DECEASED OF DEATH FRANK SCHAFER 19 58 J. (Type or print) Jan. within 5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8 DATE OF BIRTH pletely Months Days Hours Min male DIVORCED | whi te WIDOWED Sept. executed 100 USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) rtd Vice Pres. Hubbs & Corning puo Co Md. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME William Schafer Marv 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Glen Frederick Schafer 18. CAUSE OF DEATH [Enler only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ze ans 4221 DUE TO thot permit. Ony Conditions, if ony, which gove rise to immediate **DUE TO** cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW 'NJURY OCCURRED, fenter nature of injury in Port I or Part II of item 18.1 MEDICAL 20c. TIME OF INJURY Month 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (Stote) (County) factory, street, office bldg., etc.) Hour o.m. While Nat while at work of wark 21. I certify that I attended the deceased from I cele 1030 Shat I last saw the deceased and that death occurred M, from the causes and an the date stated above. DATE SIGNED DIRECT ACTUAL SIGNATURE P PHYSICIAN'S NAME (Type) FUNER 220 BURIAL CREMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) REMOVAL (Specify) Woodlawn 0 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b, REGISTRAR'S SIGNATURE 2404 REC'D BY REGISTRAR VS A15 (4) 15M 9/55

Z 'A NYBOREN K' Z

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VS A15 (4) ISM 9/\$5 2 1 1/1

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227	CERTIFICA	ATE OF DEATH	Reg. D	Dist. No.
1. PLACE OF DEATH a. COUNTY Baltimore County	MARYLAND	2. USUAL RESIDENCE (Where do s. STATE	eceased lived. If institutions Reside	ltimore
	LENGTH OF STAY IN 16	Baltimore	e corporate limits, write RURAL and	give nearest fown)
d. NAME OF HOSPITAL (If not in hospitol, give street add OR INSTITUTION 7014 Kenleigh	ress) Rd.	d. STREET ADDRESS 7011 Kenlei	ph Rd	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Manu	Middle Ann	Schafter	DATE Month OF DEATH /	Doy Year 11 1958
7 W WIDOWED	<u> </u>	B. DATE OF BIRTH Oct. 15, 1874	lost birthday) Months	R 1 YEAR IF UNDER 21 HRS Days Hours Min.
	id of Business or Indu One	Ohio	U.	S.A.
13. FATHER'S NAME Michael Mullen		Bridget	Address	
15 WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes. go for unhapem] If yes/give wor or dotal of service] 16. SOC VONE	ante sedoniti tiet i	rs. Bessie M.	Barry 7014 Ke	enleigh Rd.
18. CAUSE OF DEATH [Enter only one cause per line for part I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO	6	ucidosis ,		INTERVAL BETWEEN ONSET AND DEATH IN THE WARES
Conditions, if ony, which gave rise to immediate couse (o), stoting the underlying cause last.	cinoma	of stimac	bstruction !	1 year.
PART II. OTHER SIGNIFICANT COND.TIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PA	RT 1(0) 19, WAS AUTOPSY PERFORMED? YES NO K
OR CONTRIBUTING CAUSE OF DEATH	BE HOW INJURY OCCURRE	O. (Enter noture of injury in Port)	or Port II of item 1B.)	
Hour o. m. While	RY OCCURRED 20a. PI Not while fo at work	ACE OF INJURY (Home, farm, 20 sctory, street, affice bldg, etc.)	Of. (City ar town)	(County) (State)
21. I certify that I attended the deceased afive an form 11 , 1956 ACTUAL SIGNATURE Thurther State	_	accurred at 9151 PM	, from the causes and an RESS (Street, city or town, state)	fast saw the deceased the date stated above. DATE SIGNED 18 1/13/5
PHYSICIAN'S NAME (Type)	0		,	
220. BURIAL, CREMATION, 22b. DATE THEREOF 2. REMOVAL (Specify) 1-15-58	arkwood (e	m. B	actimore	(State) Md.
23. FUNERAL DIRECTOR'S SIGNATURE Leonard J. Ruck, Inc. 5	305 Harfor	d Rd. DATE JAN	1 4 '59 ()	auch

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S.

DECEIVED

DATE JAN 1 4 '58

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BUREAU V. S.

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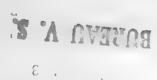
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246, REC'D BY REGISTRAN

246 REGISTRAR'S SIGNATURE

VS A15 (4)

23. FUNERAL DIRECTOR'S SIGNATURE





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

director,

HOSPITAL

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BUREAU V. S.

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DECENTED.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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BUREAU V. S.

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		MAKT	MIND	SIMIE DE	FAKIN	IEINI OF F	IEALIF	DAL	IIMOKE,			
			39	O CER	RTIFIC	ATE OF [DEATH			Reg. Dis	t. No. ()	0384
1	PLACE OF DEATH RO	osewood Sta	te T	raining .	School	2 USUAL RESI	DENCE (Wh	ere deceased	l lived. If institut			
	Ball	timore		_ N	ARYLAND	o STATE	Maryl	and	b. COUNTY	H	arfor	rd
-		outside corporate limi	ls, write	c. LENGTH OF S	TAY IN 16	c CITY OR	TOWN (If or	utside corpoi	rote limits, write 1	RURAL ond g	ive neares!	I fown)
Ov	RURAL ond give ne vings Mills	s, Maryland		3 ye	ars	Abing	don. l	varvla	nd	10%	A	,
		AL (If not in hospital, g				d STREET A					e. 1	S RESIDENCE
Ro		ate Trainir	ng Sc	hool								ON A FARM?
3.	NAME OF DECEASED	Fir	st	M	ddie	Las	ıt	4. DATE	Mo	nIh	Day	Yeor
	(Type or print)		elop		Lee	Sewell		OF DEATH	1		21	19 58
5	SEX	6. COLOR OR RACE	7. MARR	HED T NEVER M	ARRIED 🃆	B DATE OF BIRT	Н		9. AGE (In years lost birthday)			UNDER 24 HRS
F	emale	White	WIDOWI	ED DIVO	ORCED 🔲	4/19/5	4		3 yrsw	MORIBI	Days H	Ours Min
10a	USUAL OCCUPATIO	N (Give kind of work a	done 10b.	KIND OF BUSINE	SS OR INDU	ISTRY 11. BIRTHPI	LACE (State	or foreign co	ountry)	12 CITI	ZEN OF V	VHAT COUNTRY?
L					-	Ma	ryland	i		1	U.S.A	
13	FATHER'S NAME					14. MOTHER S	MAIDEN N	AME				
	Wil	liam K. Sev	rell			Cat	herin	e Virg	inia Sch	nueler		
15		IN U. S. ARMED FOR		SOCIAL SECURITY	NO. 17	INFORMANT			Ado	dress		
	no				F	losewood	Record	is				
	18 CAUSE OF DEA	TH [Enter only one co	use per li	ne for (o), (b), and	(c)]						INTERV	AL BETWEEN AND DEATH
	PART I DEAT	TH WAS CAUSED BY	,1	Broncho-	oneumo	nia					2	days
	JR -1.4	DUE TO										
	Conditions, if or	ny, which) (b	, 1	Mongolis	a						sin	ce birth
	gave rise to in cours (o), stoling t	nmediote (
	lying couse last.) (c										
NO.	PART II. OTH	ER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO	DEATH BU	T NOT RELATED TO	THETERMI	NAL DISEASI	CONDITION GI	VEN IN PART		WAS AUTOPSY PERFORMED?
13	4917	4							,			S NO
CERTIFICATION	200 ACCIDENT WA	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	20b DES	CRIBE HOW INJU	RY OCCURRI	ED. (Enter noture o	of injury in P	ort I or Port	(1 of item 18.)			
MEDICAL	20c TIME OF INJURY	Month, Doy, Ye	20d II White	NJURY OCCURRED	20e. P	LACE OF INJURY I	Home, form,	20f. (City	or tawn)	łc	ounty)	(State)
¥E[p. m.	19		k Of work								
	21. I certify the	at I attended the	deceas	ed from	go to the specific got	, 19	_, to		, 19	,that	ast saw	the deceased
	alive an					h accurred at						
	(,	20 ()	2		0 -				reet, city or town			DATE SIGNED
	ACTUAL SIGNATURE	les &	M	argk	la	мв. Ко	sewoo	d Trai	ning Scl	nool		1/21/58
	PHYSICIAN'S	•				0	and neg	1116	· complex	~ 4		
	NAME (Type)			- (MIUES	D.1112	meryla:	.ru		
220	BURIAL, CREMATION REMOVAL (Specify)	N, 226. DATE THEREC	F			OR CREMATORY		22d. LOCAT	ION (City, town,	or county)		(Slote)
_	Burial	Jan. 23,1	958		oury M	emorial		Abing		ford,	118	
23.	FUNERAL DIRECTORS	SIGNATURE		ADDRESS	1	1-1	240. REC'E	BY REGIST	RAR 246 REG	ISTRAR'S SIG	NATURE	

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THE NAME OF THE SECTION OF THE SECTI

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a COUNTY MARYLAND KINCE CECRC Baltimore County b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest lown) c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carporale limits, write RURAL and give nearest town) LANDOVER d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e, IS RESIDENCE ON A FARM? or institution
Mt. Wilson State Hospital SHERIF YES 风 NO 🗌 NAME OF 4. DATE Middle Month DECEASED DEATH 19.5 5. SEK 9. AGE (In years lost birthday) IF UNDER I YEAR IF UNDER 24 HRS B. DATE OF BIRTH Months WIDOWED [10a, USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME COK 16. SOCIAL SECURITY NO 17. INFORMANT Hospital Records, Mt. Wilson State Hospital CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY DUE TO Conditions, if any, which gave rise to immediale DUE TO cause (a), stating the underlying couse lost. f-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? KHEUMATOID YES 🗗 NO 🔲 20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING | CAUSE OF DEATH 20c. TIME OF INJURY 20e PLACE OF INJURY (Home, farm, 20f (City or town) 20d INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour a. m Not while While at work at work 1 - 30 - 195 f, that I last saw the deceased 21. I certify that I attended the deceased from , and that death occurred at 5.50 AM, from the causes and on the date stated above. ADDRESS (Street, city or town, slate) DATE SIGNED ACTUAL SIGNATURE M.D. Mt. Wilson, Maryland PHYSICIAN'S William Newcomer. M.D. Superintendent NAME (Type 220. BURIAL, CREMATION, 225 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county)

Addison Chapel Cemetery

ADDRESS

(State)

Seat Pleasant Md.

246 REGISTRAR'S SIGNATURE

24a REC'D BY REGISTRAR

MEMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

2/1/58

EDMEND V. S.

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392 **CERTIFICATE OF DEATH** Rea. Dist. No. Poge director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY filed b. COUNTY MARYLAND tunerol b. CITY OR TOWN (If outside corporate limits, write oe O c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) should 440 d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO [NAME OF Middle 4. DATE Month Year Day DECEASED [Type or print] DEATH 19 🖒 anuary 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday} Months Days WIDOWED T DIVORCED [7] 10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY 11. BIRTHPLACE (State or fareign country) during mast of working life, even if retired) 4 Cheshire 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Family records ottending 18. CAUSE OF DEATH [Enter only one couse per line for to), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH ā 1. DEATH WAS CAUSED BY:
1MMEDIATE CAUSE (o) DUE TO þ permit. ong Conditions, if ony, which gove rise to immediate **DUE TO** cattle (a), stating the underlying couse lost. buriol-transit PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? YES T NO I 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, form, 20f. (City or tawn) 20d. INJURY OCCURRED Year (County) (State) foctory, street, office bldg., atc.) Haur o.m. While Nat while at work | at work p. m. 21. I certify that trattended the deceased from that I last saw the deceased. alive on and that death occurred at. M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL 2 W. University Pky., Balto., Md. 1/11/58 William F. Fritz PHYSICIAN'S NAME (Type) FUNER, 220 BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) page REMOVAL (Specify) Lutherville. Maryland Jan. 11. 1958 Grace Methodist Cemetery 0 23) FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 245 REGISTRAR'S SIGNATURE Towson, Meryland DATE JAN VS A1S (4) 1SM 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DECENAED SU

2 .V UAB 114. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 00387 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea. Dist. No. HEALTH DEPT. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY b. COUNTY o. STATE files. Health, MARYLAND C. LENOTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) b. CITY OR TOWN III outs and give negrest low e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give streat address) ON A FARM? YES NO NAME OF AC ridle Month DECEASED (Type or print) DEATH 6. COLOR OR RACE / MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In years IF UNDER TYPAR lost birthday) Months Days Hours WIDOWED [7] 100. LSUAL OCCUPATION (Give kind of work done 100 KIND OF BUSINESS OR INDUSTRY 11 B.RTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) HOUJEWI 13. FATHER'S NAME BULLOCK 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate cause DUE TO (a), stating the underlying couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOLDS PERFORMED? YES TO NO F 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Port II of Item 18.) 20d, INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 120f, (City or fown) 20c. TIME OF INJURY Month, Day, Year (County) (Stole) factory, street, office bldg., etc.) White Not while 0 m of wark of work 21. I certify that I took charge of the remains described above, held on Autopsy . Inspection ... Inquiry | and in my Suicide . Hamicide 🔀, Undetermined manner opinion death resulted from: Natural causes [], Accident [], DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER For SIGNATURE ASSISTANT MEDICAL EXAMINER 🖼 **EXAMINER'S** DEPUTY MEDICAL EXAMINER [NAME (Type) should FUNE 220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, fown, or county) (Stota) 24o, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE VS. ATSME DATE W 5M 2/57

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MARYLAND	STATE	DEPARTMEN	IT OF HEAL	TH-BAL	TIMORE,	18
MEDIC	AL EX	AMINER'S	CERTIFICA	ATE OF	DEATH	

00388

	207								Reg. C	Dist. No.		
1. PLACE OF DEATH						2. USUAL RESIDENC	E (Where dece	ased lived If insti	tulion: Resid	lence befo	re admi	ssian)
a. COUNTY	Baltimore			MARYLAN	ID III	d. STATE MA	ryland	b. COUN	B:	altin	nore	
b. CITY OR TOWN III and give nearest lown	l autside corporate filmits, writ	te RURAL	c. LEN	NGTH OF STAY IN T	ь	c. CITY OR TOWN	4 (If autside co	rporate limits, writ	RURAL an	d give ne	arest for	wn)
Dundal	_					53 Dunda	lk					
d. NAME OF HOSPIT	AL OR INSTITUTION	(If not in has	itol, gi	ive street address)		d STREET ADDRES	SS					A FARM?
58_S.	Dundalk A	ve.				58 S	. Dunda	alk Ave.] NO 💢
3. NAME OF DECEASED	Fir			Middle		Last	4. DATE OF	Man	th	Day	Ye	ear
(Type ar print) 5 SEX	JOHANNA						DEATH	oan.	23,		19	
	6. COLOR OR RACE		_		_			9. AGE [In years loss birthday]	Months		Hours	ER 24 HRS.
Female	White	WIDOWED	-82	DIVORCED [une 18, 1		71 yn				
100, USUAL OCCUPATIOn during most of working	g life, even if retired)	cone 100, K	יט טאו	BOSINESS OK IND	USIKT							COUNTRY?
13. FATHER'S NAME					12	Czecho		1		Մ.S.A	à e	
	-1-				- ['	4. MOTHER'S MAIDE	IN NAME					
? Slez		PCES2 14 S	COCIAL	SECURITY NO. 17	BALCO	Mary ?		Addres				
(Yes, no, or unknown)	(If yos, give war or dates of			SECONITI NO.	_	_	am 680/					
	TH [Enter only one co	use per line's	01 (0)	(h) and (c)]	00	seph Holl	ar book) DIMITITY	ROEG	PARTERNA	AL BETWE	C.
	TH WAS CAUSED BY:	(1)	711	nary, L	م. (``	elusi	in			ONSET	AND DEA	î H
4:0.1	IMMEDIATE CAUSE (o.		, ,	10000	Y	<u></u>						
Conditions, if a		THE	10.	estalisa	rid	(6-11-		sense		-		
gave rise ta imme	diote cause	- +/ -	11/2	000000			10/0					
(o), stating the cause last.	(c))										
Z PART II. OTH	IER SIGNIFICANT CON	DITIONS CO	NTRIBU	TING TO DEATH BU	T NO	RELATED TO THE TE	RMINAL DISEA	SE CONDITION GI	VEN IN PAR	(o) 19.	. WAS A	AUTOPSY
Š			1							YE	PERFOI	NO E
PART II. OTH	JSE WAS	b. DESCRIBE	NOW	INJURY OCCURRED	. (Ente	r nature of injury in	Port I or Port	Il of item 18)				7
	TINDOTINO B			Mi	-10-7-90							
Y 20c. TIME OF INJUIT Hour o. m. p. m.	RY Month, Day, Ye		1 N Z		LACE	OF INJURY (Home, f	form, 120f. (Ci	ty or town))Co	unly)		(Stote)
E Hour o.m.	19	While of wor	<u>[日]</u>	Nat while	ucioty,	siteer, dirice diag.,	.,				/	
21. I certify th	at I took chorge	of the n	emdir	ns described o	bove	, held on Auto	psy 🔲,	Inspection [7	, Inqui	гу 🏗	ond f	find that
deoth resulted	from: Notural	couses 🔯	, A	ccident 🔲, 🧐	Suicio	le 🔲, Homici	ide 🔲, l	Indetermined	_			
	ma	~										
ACTUAL SIGNATURE	10110	NA	1	13-	^	A.D. CHIEF MEDICA	L EXAMINER]		./	DATE SI	GNED
EXAMINER'S NAME (Type)	MB.	DAV	15	M.	0	DEPUTY MEDIC				/2:	9-/1	18
22g BURIAL, CREMATIO REMOVAL (Specify)	N. 22b. DATE THEREC	OF	22c. NA	AME OF CEMETERY	OR CR	EMATORY	22d. LOC	ATION₁ (Cily, tawn,	or county)		(Stotu)
Burial	Jan. 27	. 1958		Oak Lawn			Co	olgate, M	d	4		
23. FUNERAL DIRECTOR		03.7.0		DORESS		24a. R	EC'D BY REGIS	TRAR 245. REG	ISTRAR'S S			
office h	uneral Hom	e ZLLZ	Du	ndalk Ave		DATE	ANITO	D 11: "	- edu	D PC		

VS A15ME(5) 5M 9/55

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>					STATE DEPARTA				18 Reg. Dis		389			
	1, 1	PLACE OF DEATH		neace	Carrety	2. USUAL RESIDENCE		sed lived. If institu b. COUNT	hon-Resides		dmission)			
	b	o. CITY OR TOWN (IF and give negres) fown)		nie RURAL	c. LENGTH OF STAY IN I		(If outside cor timore	porote limits, write	e RURAL and give nearest town)					
	C	I. NAME OF HOSPITA	AL OR INSTITUTION	(If not in	hospital, give street address)	d STREET ADDRES 2717 W.		Avenue	e IS RESIDENCI ON A FARM? YES NO					
	1	NAME EM DECEASED (Type or print)	Ear	irst	Middle L.	SIMMONS	4. DATE OF DEATH	Mont	mary	Doy 20	Year 1958			
	5 5	SEX MALE	COLOR OR RAC		RRIED NEVER MARRIED [March 30,	1930	9. AGE (in years lost birthday) 27 yrs.	IF UNDER 1	YEAR IF U	NDER 24 HRS.			
	J.	LUSUAL OCCUPATION In Juring most of working DCO Crane FATHER'S NAME	g life, even if retired	1	ethlehem Steel		te, S.	country)		S.A.	AT COUNTRY?			
,		William S				Evelyn Bolher								
		WAS DECEASED EVE	R IN U. S. ARMED F (If yes, give wor or dates		16. SOCIAL SECURITY NO. 17 214-26-1371	Evelyn Simmo	Address Evelyn Simmons 2717 W. North							
				,	ne for (o), (b), and (c).]	1.73			<u>.</u>	INTERVAL BE ONSET AND	DEATH F			
/		Conditions, if an	iole couse	b)										
	NO	couse lost. PART II. OTH	noerrying	c)	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TE	RMINALDISEAS	SE CONDITION GIV	EN IN PART	1(o) 19 W/	AS AUTOPSY REORMED?			
0	CERTIFICATION	20g. EXTERNAL CAU PRIMARY'S OF CON CAUSE OF DEATH.	SE WAS ITRIBUTING []	RAN	RIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Port 1 or Port II			YES				
	MEDICAL	20c. TIME OF INJUR			d. INJURY OCCURRED 20e. P	LACE OF INJURY (Home, foctory, street, office bldg.	elc.)	or town)	Pt 1	1ty)	(Stote)			

Accident . Suicide . Homicide . Undetermined cause . death resulted from: Natural causes - , DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER 226. BURIAL, CREMATION, 226. DATE THEREOF BURIAL (Specify)
Jan. 24. 22c. NAME OF CEMETERY OR CREMATORY 22d. ŁOCATION (City, fown, or county) (Stote) Jan. 24, 1958 Carver Memorial Park Baltimore, Maryland ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 246. REGISTRAR'S SIGNATURE 24o. REC'D BY REGISTRAR 802 Madison Avenue Chafles R. Law

VS. A15ME(5) SM 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU V. S.

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	395 CERTIFIC	CATE OF DEATH	, 18 ()()39
	1. PLACE OF DEATH		Reg. Dist. No.
	Baltimore MARYLAN	2. USUAL RESIDENCE (Where deceased lived if instinction of STATE Maryland b. Coun	NTY Residence before admission
	b. CITY OR TOWN (If gutside corporate limits, write c. LENGTH OF STAY IN 1		le RURAL and give nearest town)
ı	Fort Howard 13 days	Baltimore	V -1-4
	d NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION	d STREET ADDRESS	e, IS RESIDENCE ON A FARM
	Veterans Administration Hospital	901 W. 40th Street	YES NO
Ì	3. NAME OF First Middle DECEASED	i OF	Manth Doy Year
ı	(Type or print) ARTHUR C	SMITH DEATH Jan	uary 12 19 !
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED TO DIVORCED M	" [
	AND THE STATE OF T	7/4/0/	12. CITIZEN OF WHAT COU
1	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)		U.S.A.
	Antique Dealer Antiques	Maryland 14. MOTHER'S MAIDEN NAME	U.O.A.
	Michael Smith	Edith R. Brown	
			Address
		Clin.Rec.Vets.Admin.Hospita	1,Ft.Howard,Md.
	18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEE
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) PULMONARY CONGE	STION AND EDEMA	1 WEEK
	442× XXXX		
	Conditions, if ony, which (b) NEPHROSCLEROSTS	n Té	UNKNOWN SEASE UNKNOWN
	couse (a), stoting the under-	TERIOSCLEROTIC CARDIOVASCUI	1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			GIVEN IN PART HOLES WAS ALTO
	- T		PERFORMED YES K NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH I	RED. (Enter nature of injury in Part I or Part II of Item 1B.)	
	Hour o.m. While Not while	PLACE OF INJURY (Home, farm, 20f (City or lown) factory, street, affice bldg , etc.)	(County) (S
		20 52 1	70
	21. I certify that Vattended the deceased from December		58, 1884 1987 38 WHE THE
	enthroughous social constant and that dec	ith accurred at 4.5 TUF M, from the cause ADDRESS (Street, city or to	
	ACTUAL SIGNATURE CHEN WE TOWN	No VAH Fort Howard, Mary	- 1
/		_m.v11311_1_91_91011011011161_1	
	PHYSICIAN'S CHIEN WEI LAN, M.D.		
	22q. BURIAL, CREMATION, 22b DATE THEREOF 22c NAME OF CEMETER		
	Burial 1-16-58 Salers Churc		
	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	, 240. REC'D BY REGISTRAR 24b. RI	EGISTRAR'S SIGNATURB
	Win Cook-Blight Inc 6009 Harland		1



WILLEAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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00393

Reg. Dist. No.

1 PLACE OF DEATH a. COUNTY Baltimore MARYLAND	2 USUAL RESIDENCE (Where deceased lived. It institution: Residence before admission) a. STATE b. COUNTY						
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest fown)	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)						
Catonsville	Baltimore						
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d STREET ADDRESS o, IS RESIDENCE ON A FARM?						
Paradise Nursing Home	3535 Virginia Ave.						
3 NAME OF First Middle	Lost 4. DATE Month Day Year						
(Type or print) WEBER H. SNY	DER DEATH Jan. 20, 1958						
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS						
	Aug. 9, 1884 T3 yrs Months Doys Hours Min						
10a. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDU during most of working life, even if retired)	ISTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY						
Machinist (rtd) Railroad	Md.						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
George Snyder	Corine						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. If [Yas no or unindown] 1 [If yes, give wor or dates of service]	INFORMANT Address						
	rs. Nettie L. Snyder - 3535 Virginia Ave.						
18. CAUSE OF DEATH [Enter only one cause per line for (a) (57, and (c).)	INTERVAL BETWEEN						
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	ove Vascular Accidentionset and DEATH						
33/X DUE TO	Iting Aldd News						
Conditions, il any, which) (b)	all bic bied local						
gave rise to immediate cause (a), stating the under-	Lau Had + Eilur						
lying couse last.	25) 112						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	ronic & Acuta PERFORMED?						
	D (Enter nature of injury in Port I or Port II of Item 18.)						
(IF EITHER, NOTIFY MEDICAL EXAMINER)							
	ACE OF INJURY (Home, farm, 20f. (City or tawn) (County) (State)						
Hour o. m. While Not while for work of work of work	ctory, street, office bldg , etc.)						
21. I certify that I attended the deceased from	, 19 , ta , 19 , that I last saw the deceaser						
alive an							
	ADDRESS (Street, city or town, state) / DATE SIGNET						
SIGNATURE HE ME IN JOSEP	1303 Fridaville Rd 1.						
= h $=$ h	1 0 1 d 12 51/1/1 29 mod 1245						
PHYSICIAN'S NAME (Type)	2 Catinsville some lasts						
220 BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY O	OR CREMATORY 22d. LOCATION (City, town, or county) (State)						
Burial 1/23/58 Krider's							
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24 REGISTRAR'S SIGNATURE						
The Villadinity Varia was	17 Pour 18812 2 '58 Cluff eather						

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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he law requires that the death certificate be executed with n 24 hours after death. Page 4)		has been signed by the attending physician and completely filled in by the Eureral director,	rial-transit mrmit. Then lease temove carbon papers. Pages 1 nd 2 should be filed with
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MARYLAND STAT	E DEPARTMENT	OF	HEALTH-BALTIMORE,	18

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	3	99	CERTIFIC	CATE C)F DEA	TH		Reg. D	ist. No		000
1. PLACE OF DEATH o. COUNTY Balto	,		MARYLAN	11 0 57/	RESIDENCE Nd,	(Where decease	d lived. If instituti b. COUNTY		nce befo		sion)
b. CITY OR TOWN (II RURAL and give ne Villa	orest lown)	its, write	c. LENGTH OF STAY IN 1		Y OR TOWN		orate limits, write R	URAL and	give ned	prest fow	n}
d. NAME OF HOSPITA OR INSTITUTION 73	AL (If not in hospital, in L7 Rockrid;	-		d. ST	REET ADDRESS		idge Rd.			ON A	SIDENCE A FARM?
3 NAME OF DECEASED (Type or print)		MES	Middle E.	SPITZ	loss NAS	4. DATE OF DEATH	Mon Ja	th	Doy 10,		Yeor 19 58
s. sex male	white	WIDOW		July	24,	1.892	9. AGE (In years lost birthday) 65 yrs.	Months	Days	Hours	ER 24 HRS, Min.
Director of	ing tite, even if retired	1) [State Dept.	Edu.	Md.		ountry)	12. CI	TIZEN C	F WHAT	COUNTR
13. FATHER'S NAME Albert Spit				Sa		n name ldswort	hy				
15. WAS DECEASED EVER	World W	ar I	SOCIAL SECURITY NO.	7. INFORMAN Mrs.		beth Sp	itznas -		Roc	krid	lge Pd
	TH Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (c	0	ne for (a), (b), and (c)] CUTE COLU	rary	ocelu	sion				ERVAL BE SET AND	DEATH
Conditions, if an	y, which) (b	, ar	terescler	otes	Lea	at de	seese.		0	241	NS.
cause (a), stating t lying cause last		, a	tarioscle	Lose	2					?	
CATE			CONTRIBUTING TO DEATH					EN IN PAR	RT 1(0)	PEPFO	ALTOPSY DRMED?
			CRIBE HOW INJURY OCCU	RRED, (Enter n	sture of injury	in Part 1 or Par	t (I of item 1B.)				
20c. TIME OF INJURY Hour o. m.	' Month, Day, Ye 19	or 20d. If While of wor	Not white	PLACE OF IN factory, street	JURY (Home, I , office bldg.,	farm, 20f (City etc.)	ar town}	(County)		(State)
21, I certify the office on	of lottended the	deceas 9., 12.4	ed from. 75.		56, to	L.M. from	the couses of treet, city or lown,	nd on t		te stati	
PHYSICIAN'S NAME (Type)	JONAS	H.	Cohen								
220 BURIAL CREMATION REMOVAL (Specify) BUTIEL	1/13/58)F	Allegany		ORY		non (city, town, ostburg,			(Stat	(e)
23. FUNERAL DIRECTOR'S	Sichulus	r Ve	Lous-Ba	etoi7.	1118	REC'D BY REGIST			GNATUE	RE	

BULLAU V. S.

DECENVELL : NAL

1				MARY	LAND	STATE DEP	ARTM	ENT OF H	EALTH	I-BAL1	IMORE, 1	8		
4 2£			-		00			TE OF D	EATH	1		Reg. Dist.	No. ()	0396
recto	,	1		Rosewood Sta	te Ti			2 USUAL RESIL	DENCE (Wh	ere deceased	lived. If institute b COUNTY	on Residence b	efore adn	nissian)
File				Baltimore	h. h.		YLAND		laryla				ingto	
death.			RURAL ond give			c LENGTH OF STA		c. CITY OR 1	OWN (If o	etside carpor	ate limits, write R	URAL and give	nearest to	iwn)
ifter de the fun should		0	wings Mi.	lls Marylar	ad street	8 month	S			t, Mar	ryland		5	
s off y th 2 sh	15			PITAL (If not in hospitol,				d STREET A	4.				QN QN	RESIDENCE
a p	,	-	DS EWOOD &	State Traini	ng So			Route		14 0 0 0 0				□ NO X
Ped :			DECEASED (Type or print)	Lir		Midd Do m	lene	Spreche		4. DATE OF DEATH	Mon 1		Day 9	19 58
hin y filli		S. :		6 COLOR OR RACE		RIED NEVER MARI					9 AGE (In years	IF UNDER 1 YE		
letely S. Po.			Female	White	WIDOWI			11 1.	19		last birthdoy)	Months Day		
uted amp			. USUAL OCCUPA	TION (Give kind of work	done 10b.	transf	Land			ar fareian co		12 CITIZEN	1 OF WH	AT COUNTRY
executed call			during most of w	rarking life, even if retired	3)				land		,,		U.S.	
be contributed		13.	FATHER'S NAME					14 MOTHER'S		AME				,
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retain (A) DI	·		PHYSICIAN'S NAME (Type)	Harry G. But	ler.	M.D.								
moy be replayed by Funer, page 3	1.1	22a	BURIAL, CREMAT REMOVAL (Specif	ION, 226 DATE THEREC)F	22c NAME OF CEN	SETERY OR	CREMATORY		22d. LOCATI	ON (City lows, o	r county)	(51	ole)
moy loge FUN	, ja	_	durial	2/1/58		St.	Paul			Cles	ar Spring	g, Md.		
VS A) S / A)		23	FUNERAL DIRECTO	OR'S SIGNATURE	2	ADDRESS			_	BY REGISTR	AR 24b REGIS	TRAR'S SIGNA	URE	
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 00397 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) Baltimore County **b.** COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) Mt. Wilson, Maryland d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION ON A FARM? Mt. Wilson State Hospital 2034 COUCH YES NO NO NAME OF Middle Year DECEASED OF DEATH RAVMOND STACLINGS (Type or print) 0 19.5d 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS DIVORCED | 11-20-14 WHITE WIDOWED | 10g. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) RAILROAD MARY LAND MACHINIS U.S.A. 13. FATHER'S NAME CHARLES STALLINGS IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANS Hospital Records, Mt. Wilson State Hospital IB CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: MONAR TUBER CULOSIS IMMEDIATE CAUSE (0) TWO YEAR Conditions, if ony, which /6 gove rise to immediate DUE TO 8 . 5 couse (a), stoting the under-Dusit lying couse lost CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YSEMA YES I NO 53 20g. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED [Enter noture of injury in Port I or Port II of item 18] 20c. TIME OF INJURY Month. Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or lown) (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. Not while at work at wark 21. I certify that I attended the deceased from ____/ = 25-, 1956 to 1-30-, 1958, that I last saw the deceased 19.5 P., and that death accurred at 2.50 A.M. from the causes and an the date stated above. ADDRESS (Street, city or lown, state) wtomer Mt. Wilson, Maryland NAME (Type) William Newcomer, M.D. Superintendent 220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Burial Feb. Holv Redeemer Baltimore. Maryland 0 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 246. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No. Baltimore e. IS RESIDENCE ON A FARM? YES INO IX Year Dav 22 1058 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Min. 12 CITIZEN OF WHAT COUNTRY? USA 6107 Windsor MillRd. INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO (County) (Stote) 2, that I last saw the deceased

(Stote)

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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7.	\$ 405 CERTIFICA	ATE OF DEATH	Reg. Dist. No.
	1. PLACE OF DEATH Balto, MARYLAND	2. USUAL RESIDENCE (Where deceased)	b. COUNTY (Saldance before admission)
	b. CITY OR TOWN (If autside corporate limits, write RUBAL and give nearest town) Life Life	c. CITY OR TOWN (If outside carporal	te limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) (OR INSTITUTION HELLSLEELE ILC.	d. STREET ADDRESS	Pal e is residence on a farm? YES NO [
	3. NAME OF DECEASED (Type or print) ARTHA (TOKS COROUGHO	STUMB 4. DATE OF DEATH	Fan 23 1958
	Finale white WIDOWED DIVORCED	8. DATE OF BIPTH Sept 24/850	last birthday) Months Doys Hours Min.
	100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDU- glying most of working life, even if retired)	Balte, Co.	12. CITIZEN OF WHAT COUNTRY
	13. FATHER'S NAME I BE COST	14. MOTHER'S MAIDEN MAME	
	(Yes, no or unknown) Ill yes, give wor or dates of service)	orman Sinn	wh x tel + 2i ii -
	PART I. DEATH WAS CAUSED BY:	remortage	INTERVAL BETWEEN ONSET AND DEATH 4 45 0 M
	Canditions, if any, which gave rise to immediate (b)	- sclernis	+ 10 yrs.
	cause (a), stating the under- lying cause last. DUE TO (c) Ly pur	tenson	
ı	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 203. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part II or Part II	PERFORMED? YES NO
	G CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ACE OF INJURY (Home, farm, 20f. (City or	
١	Hour a. ji. p. m. 19 While Not while at work of work	ctory, street, affice bldg., etc.)	
	21. I certify that I attended the deceased from 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	occurred at 14 P. M. from	the causes and on the date stated above of city or town, state) DATE SIGNED
	SIGNATURE TO THE PHYSICIAN'S DIE TO THE PHYSI	MD. Pelishtle	B-Md 1/24/5
	NAME (Type) 220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	REGREMATORY 22d JOCATIO	ON (City, town, or county) - (State)
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRA	uson toust from
	MIFFINKING STANDE 4905 VOLK	DATE MAN 2 4 '5	8 (

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e. IS RESIDENCE ON A FARM? YES NO DEX

IF UNDER 1 YEAR IF UNDER 24 HRS

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12 CITIZEN OF WHAT COUNTRY?

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INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES I NO X

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REMOVAL (Specify)

23 FUNERAL DIRECTOR'S SIGNATURE

Rea. Dist. No. 2 USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) **b.** COUNTY c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest lawn) e. IS RESIDENCE ON A FARM? YES NO Day Yeor 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Davs Hours 12. CITIZEN OF WHAT COUNTRY? INTERVAL RETWEEN PERFORMED? YES NO 🗌 (County) (Stote) 19-0, that I last saw the deceased M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) Owings Mills, Maryland 220 NAME OF CEMETERY OR CREMATORY -22d LOCATION (City, fown, or county) Ballemone 24b. REGISTRAR'S SIGNATURE 24a. REC'D_8Y REGISTRAR JAN 1 0 '51.

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9	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
• :-	CERTIFICATE OF DEATH Reg. Dist. No. () () 4 ()
lied Kit	PLACE OF DEATH o. COUNTY Baltimore 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Baltimore
6 - 0 5 - 0	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)
should	Catonsville Lyromthslodys Baltimore d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
7 7 6	SPRING GROVE STATE HOSPITAL 719 Dunkirk Avenue VES NO
200	3 NAME OF DECEASED Lost 4. DATE Month Doy Year (Type or print) Estelle P. Taneyhill DEATH January 20 19 58
oppers. Pages oth.	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
odpers.	Temale White WIDOWED DIVORCED Feb. 6, 1882 75 yrs Working Country 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired)
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hours off	Tefill unknown
ing pny e remd 72 hau	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NO. 11. INFORMANT Records: SPRING GROVE STATE HOSPITAL.
within	18. CAUSE OF DEATH [Enter only one cause per line for [o], (b), and (c).] PART I. DEATH WAS CAUSED BY: Art-eriosclerotic cardiovascular disease IMMEDIATE CAUSE [o].
mit. The	Conditions, if any, which gove rise to immediate (b)
sit per	cause (a), stating the under DUE TO lying cause lost. (c)
rial-tran moval, o	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
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emation emation	20c. TIME OF INJURY Manth, Day, Year Hour o. st. P. m. 19 While Not while at work of w
tached fa burial, cr	21. I certify that I attended the deceased from Dec. 21, 1957, to Jan. 20 1958, 19 that I last saw the deceased alive on 1 -20-1958, 1958, and that death occurred a 3.35 Å M, from the causes and an the date stated above
d be de prior la	ACTUAL ST-cla Walseler M.D. SPRING GROVE STATE HOSPITAL 1-20-58
gls! or	PHYSICIAN'S Stella Wachsler, M. D. Catonsville 28, Maryland
page the reg	220. BURIAL, CREMATION, REMOVAL (Specify) Burial Tan 27 1958 Mt Olivet Cemetery Trederick Road Md
5 (4) XI	23. FUNERAY DIRECTOR'S SIGNATURE ADDRESS ADDRESS 240. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE
75	DATE JAN 2 2 58 ALL STANLEY

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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-10	\$ W	MARY	AND	STATE DEPA	ARIM	ENT. OF HEALTH	I—BAL	TIMORE, 1	8	Series, 1	the same	Like .
			41	1 CERT	IFIC	ATE OF DEATH	1		Reg. D	() ist, No	040	17.
1.	PLACE OF DEATH					2. USUAL RESIDENCE (Wh	ere decease	d lived. If institution	ni Reside	nce befo	re odmiss	ion)
	o COUNTY Balt	imore		MAR	YLAND	o STATE Marvla	nd	b. COUNTY				
	b. CITY OR TOWN (IF		ls, write	c. LENGTH OF STAY	(IN 16	c CITY OR TOWN (If o	utside corpo	orate limits, write RL	JRAL and	give ne	orest town)),
,	Fort Hov	vard		51 day	rs	Baltimere		-				*
	d NAME OF HOSPITA		ive street			d STREET ADDRESS					e. IS RES	DENCE
V	eterans Ad	ministrati	on He	spital		867 W. Faye	ette S	treet				FARM?
3.	NAME OF DECEASED	Fir	şŧ	Middle	e	Lost	4. DATE	Mont	th	De	Y	Year
	(Type or print)	G	EORGI	E R		TASKER	DEATH	January	V*	10		1958
5.	SEX	6. COLOR OR RACE	7. MARR	IEDE NEVER MARR	IED 🔲	B DATE OF BIRTH			IF UNDE			Particular State of the Control of t
	Male	Colored	WIDOWE	DIVORCE	ED 🔲	2/25/90		67 yrs.	Months	Doys	Hours	Min.
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	Laborer			onstruction	on	Man	vland	1		U.S	S.A.	
13.	FATHER'S NAME					14 MOTHER'S MAIDEN N	AME					-
	George Ta	sker				Rachel (Maide	n name ui	nknow	m)		
15.	WAS DECEASED EVER	IN U. 5 ARMED FOR		SOCIAL SECURITY NO). 17 I	NFORMANT		Addr				
	Yes	WII	- 1 L .	218-10-315		lin Rec Vets A	dmin.	Hospital.	Ft_H	owai	d Mo	
	18 CAUSE OF DEAT	H [Enter only one ca	use per lic	e for (a), (b), and (c)						LINT	ERVAL BE	TWEEN
	PART 1. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (o	BAS	ILAR ARTER	Y TH	IRONBOSIS					NKNO	
		DUE TO		ERIOSCLERO	SIS,	GENERALIZED				U	HKNO	IN
	Conditions, if on)									
	gove rise to im couse (a), stating th											
	lying cause lost.) (c)									
0	PART II. OTHE	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERMIN	NAL DISEAS	E CONDITION GIVE	EN IN PAI	(T t(a)	9. WAS /	AUTOPSY RMED?
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CERTIFICATION	200 ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A	UNDERLYING CAUSE OF DEATH CAUSE OF DEATH CONTROL CAUSE CAUS	20b. DESC	RIBE HOW INJURY C	CCURRE	D (Enter nature of injury in P	art I or Por	t II of item 18)				
MEDICAL	20c. TIME OF INJURY	Month, Doy, Yes		JURY OCCURRED	20e. PL	ACE OF INJURY (Home, form,	20f. (City	or town)	(County)	~~~	(State)
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	21 I cortify the	TAttended the	decens	d from Novemb	han '	20 . 19 57, 10 Jar	1110 1977	70 10 56	hanner 1	10300	ca radica.	rail resent of Arms
	a DOCK BOX CXXXXX	XXXXXXXXXXXXXXXX	XXXXXXX	TAN and that	dogih	occurred at 11:15	The form	n the course of		in a also	LINEAL DES	DERECISE
	C INCLUSION COLUMN	1/2-	10	21/	ueoiii			freet, city or town, s		ne aa		TE SIGNE
	ACTUAL SIGNATURE	L GUYU	UX	More		MD VAH FOR	t How	ard, Md.			1/12	/58
	NAME (Type)	DONALD D.	MARK	M. D.		e one descript dos sos sos sos sos sos sos sos sos das das das das das	dar over representative state state at	~~~				
220	BURIAL, CREMATION REMOVAL (Specify)	, 225. DATE THEREO	F	22c. NAME OF CEM	ETERY O	R CREMATORY	22d LOCA	TION (City, town, o	r county)		(State	ν)
	Burial	1-15-58)	Balt	timo	re National		Baltimo	ra.	Mona	land	
23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			BY REGIST	RAR 245, REGIS	TRAR S SI	GNATU	SE	

DATE

may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 bld be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 d 2 should be filed with the regional prior to burial, cremainal, ar remayol, and in any event within 72 hours offer death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death: Page 4 VS A15 (4) 15M 9/55

No.

CHARLES R. LAW MORTUARY, 802-04 Madison Ave, Balto., Md

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HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4		irol di	age 3. Ald be detached far use as the burrat-transit permit. Then please remove carbon papers. Pages of 2 should be filed with	
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		MARYI	AND S	STATE DEPA	RTMI	ENT O	F HEALTH	i-BAL	TIMORE, 1	8		
			412	CERTI	FICA	ATE O	F DEATH	1		Reg. Dis	ıt. No. () ()408
	PLACE OF DEATH COUNTY BE	alto.		MARY	LAND	2 USUAL o STA		ere deceose	d lived. If institution b COUNTY	oni Resideni		
	b. CITY OR TOWN (IF RURAL and give nea Cetensvi	•	s, write c	c. LENGTH OF STAY	IN 16	c. cin	OR TOWN (IF o		irata limits, write R	URAL ond g	ive nearest to	own)
		IL (If not in hospitals a	Edmon Hom	dson Ave.			Garden	Ridge	Rd.		Ot	RESIDENCE I A FARM?
-	NAME OF DECEASED (Type or print)	ADEI		Middle He	T	ATE	Lost	4. DATE OF DEATH	Mon	Jan.	Day	Year 19 58
5. <u>f</u>	emale	6. COLOR OR RACE	7. MARRIEI	D NEVER MARRIE		B. DATE OF July	ыктн Ц, 189	5	9. AGE (In years lost birthday) 62 yrs.	IF UNDER Months	Doys Hou	
100	USUAL OCCUPATION	N (Give kind of work ong life, even if retired)		epartment			THPLACE (51010 Tustria	or fareign c	ountry)	12. CIT	S . A	AT COUNTRY?
	FATHER'S NAME Charles Rus	sell					IER'S MAIDEN N					
		IN U. S. ARMED FORE f yes, give wor or dates of se	MAICE)	OCIAL SECURITY NO. 5-03- 6 116	. 17, 1N	NFORMANT		Dog	Add ۳ 5 م م	rden	Midge	D.a.
	PART 1. DEAT	H [Enter only one con H WAS CAUSED BY: IMMEDIATE CAUSE (d)	use per line	for (a), (b), and (c)	J	Varen	en Deie	alden			INTERVAL	BETWEEN ND DEATH
	Conditions, if on		Ie.	rteary Dy	the	lii						
	gave rise to im couse (a), stating th lying couse last.	N DITE TO	l	, ,								
CERTIFICATION	PART IT OTHE	ER SIGNIFICANT CON								EN IN PART	1 (a) 19 W/ PEF YES	FORMED?
	20g. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A	□ CAUSE OF DEATH!	206. DESCR	RIBE HOW INJURY OF	CCURRED). (Enter no	ure of injury in f	Port I ar Por	t II of item 18)			
DICAL	20c. TIME OF INJURY	Month, Day, Yea		URY OCCURRED			JRY (Home, form office bldg, etc.		or town)	(<	ounty)	(State)

20c. TIME OF INJURY Hour a m. at work at work

21. I certify that I attended the deceased fram.

June

January 9, 19 18 that I last saw the deceased _, and that death accurred at APM, from the causes and an the date stated above.

DATE SIGNED

ACTUAL SIGNATURE

22d. LOCATION (City, Jown, or county) (Stole)

220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)
Burial 1/11/58 New Cathedral

Relta.

ADDRESS (Street, city or town, state)

245-REGISTMAR'S SIGNATURE

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23 FUNERAL DIRECTOR'S STONATURE



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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(OR INSTITUTION	at (If not in hospital, give Administra				d. STREET 526		st 21./Sti	reet (21st	Str			FARM?
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		H [Enter only one cause	per lin	e for (o), (b), and (c), 1				B warren (Friday)	1100	pave	4,20		ERVAL BE	
	PART I. DEAT	H WAS CAUSED BY:			DTAT	DER WI	ਾਧ ਅਦਾ	ASTASI	25			ONS	TINKH	ASATH .
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CERTIFICATION	OR CONTRIBUTING (IF EITHER, NOTIFY A	CAUSE OF DEATH	b. DESC	TRIBE HOW INJURY OC	CURRED	, (Enler noture	of injury in P	Port I or Port	t II of item	IB.}				
3	20c. TIME OF INJURY	Month, Day, Year	20d IN	UJURY OCCURRED	20e. PLA	CE OF INJURY	(Home, farm,	20f. (City	or town)		((County)		(Stote)
MEDICAL	Hour e.n.		While	Not while	foct	ory, street, offi	ce bldg., etc.	1						,
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		st X attended the de												
	VOLDER DEDCX X X X	XXXXXXXXXX		XXX, and that	death	accurred a		L.M. fran ADDRESS (SI				he dai		ed above
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		RV ING FRIENM	AN,	M.D., Chie	I . I	earcar	Servi	ce						
220,	BURIAL, CREMATION REMOVAL (Specify)	22b. DATE THEREOF		22c. NAME OF CEME	_				ION (City,				(Stote	e)
	Removal	1-31-58		St. Pau	us (emeter	У	matth	ews C				inia	
23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			24a. REC'E	BY REGIST	RAR 24b	. REGIST	RAR'S SIC	SNATUR	:8	
He	nry W. Jer	kins & Sons	Co	Inc. 4905	York	Rd.	DATE	3 '58		13-1-	erice	eds.		
				Balt	imor	e, Md.								

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VS A15 (4) 15M 9/55

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L OX ATTENDI	ned by the ho	MRECTOR: AF	Ad be detached	the registrar priar to burial
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		COUNTY DOLLINAS	MARYLAND	2. USUAL RESIDENCE (Where dec	eased lived. If institutions Residence b. COUNTY	e before admission)
	t	CITY OR TOWN (If outside carporate limits, write c. LENG RUNA) ond give exact town)	OTH OF STAY IN 16	c CITY OR TOWN (If outside of	corporate limits, write RURAL and g	ive nearest lown)
	-	NAME OF HOSPITAL III not in hospital, give street address	Road	205 West	Thire Old.	IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED JOHN-LESL	Middle T	MMONS 1. DA	ATH Jaw	16 1958
	5_5	male White WIDOWED	DIVORCED [Feb-15. 189.		YEAR IF UNDER 24 HRS Days Haurs Min
)		distribution for the depth of restable 105 KIND OF	F BUSINESS OR INDU	STRY 11 BIRTHPLACE (State or fore	(MO Med 12 CITI	ZEN OF WHAT COUNTRY?
	13	Joel L. Timmo	us	Saran	Brittingha	un
	15. 'Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL (If you give wer or dollar of vervice) 705-	SECURITY NO. 18. 05-20540	ora Jimme	us 205 Al	stshire Re
		18. CAUSE OF DEATH (Enter only one couse per line for (a) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO	te Pul	money E. Ele	una	INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if ony, which gove rise to immediate couse (a), stating the under-	uselus	the Cardia vo	rela diseas	<u> </u>
		lying couse lost. (c)			<u> </u>	
	CATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DI	SEASE CONDITION GIVEN IN PART	I(a) IP WAS ALTOPSY PERFORMED? YES NO
	L CERTIF	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OW INJURY OCCURRI	D. (Enter noture of injury in Parl 1 a	r Part II of item 18)	
	MEDICAL			ACE OF INJURY (Home, farm, 20f ictory, street office bidg , etc.)	(City or tawn) (C	ounty) (State)
		21. I certify that I attended the deceased from alive an 125 8	75	CIPAN	from the causes and an th	ast saw the deceased
		ACTUAL SCHOOL Lang bel	en		\$5 [Street, city or town, stote] dun den U	Mare SIGNED
3		PHYSICIAN'S D. C. MacLaughlin, I	A, D.	4508 Edmond	son Village, Bal	to, 29, Md.
	10	Turial Jan 20-1958	Voodla	wn 1	Jack Darion (City, Jown, or county)	Mid :
	1	The Seyfel 5311 Ec	lmouds	Low Que DATE GAR	20'50 Out it	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00415 **CERTIFICATE OF DEATH** Rea. Dist. No. 2. USUAL RESIDENCE (White deceased lived If institution Residence before admission) b. COUNTY MARYLAND b CITY OR TOWN (if outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give bearest town) daNAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM YES NO nddle DATE Year DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS 9. AGE (In years (SV puthday) Months Doys Hours Min DIVORCED [7] WIDOWED YF3. 10a. USLAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE/AState or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, wen if retired) RUSLEN 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (o), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which) (b) gove rise to immediate DUE TO couse (a), stating the underlying couse lost. PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES | NO CO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Day. 20e PLACE OF INJURY (Home, farm, 20f. (City or town) Year 20d. INJURY OCCURRED (State) (County) factory, street, affice bldg., etc 1 While Nat while at work at work-

20a. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY Hour o. m.

21. I certify that I attended the deceased from

225 DATE THEREOF

), PLACE OF DEATH

Allas

NAME OF

5. SEX

DECEASED (Type or print)

13. FATHER'S NAME

o. COUNTY

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and that death accurred at

that I last saw the deceased M, fram the causes and an the date stated above, ADDRESS (8174e) Eity or town, stole)

ACTUAL PHYSICIAN'S NAME (Type)

220 BURIAL CREMATION,

22c. NAME OF CEMETERY OR CREMATORY

BEMOVAL (Specify)

22d. LOCATION (Gity, town, or county) (Stole)

DATE SIGNED

EUNERAL/DIRECTOR'S SIGNATURE

ADDRESS

24a. REC'D BY REGISTRAR

24b. REGISTRÁR'S SIGNATURE

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VS A15 (4) 15M 9/SS UU

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	420 CERTIFICA	ATE OF DEATH	Reg. Dis	t. No.
1	PLACE OF DEATH O. COUNTY BALTO MARYLAND	2. USUAL RESIDENCE (Where do. STATE	leceosed lived. If sostitutions Residence b COUNTY	e before admission) A L To
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	CITY OR TOWN (IF outside	e carporate limits, write RURAL and g	
	d. NAME OF HOSPITAL (If not in Hospital, give street oddress) OR INSTITUTION OM	521 BACK	RIVER NK R	•. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) ANNA TSCHIR	SCHKY	DEATH JAN	8 19_5
	6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH / 187	J 8 2 yn.	Days Hours Min.
L	JUSTAL OCCUPATION (Give kind of work done 10b. KISID OF BUSINESS OR INDU during most of working life, even if retired)	11. BIRTHPLACE (Stote or to	reign country) 12. CITI	I S. C.
	2 Boshold	NFORMANY	Address	
(170	ha or unknown) (If yes, give war ar dates of tervice)	Vizabeth D	GRAK (S	ane)
	PART J. DEATH Enter only one couse per list for (a), (b), and (c)] PART J. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	umories		ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate	artenase	lorarin	20 year :
Z	couse (o), stoling the under. lying couse lost. Past It OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	Vamentia	DISEASE CONDITION GIVEN IN PART	Vol.19 WAS A IYOPSY
CERTIFICATION	120 ACCIDENT WAS UNDERLYING ☐ 206 DESCRIBE HOW INJURY OCCURRED			PERFORMED? YES NO 2
1 .	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			ounly] (Stole)
MEDICAL	Hour o. m. p. m. 19 While Not while of work	clory, street, office bldg., etc.)		
	alive on 1958, and that death		, from the causes and an the	ast saw the decease e date stated above DATE SIGNE
	SIGNATURE Harry B. Antil	MD 413 Eas	ters cane	nul
220	PHYSICIAN'S HARRY S. MICHAELERY O. PATE THEREOF 22c NAME OF CEMETERY O.	CREMATORY 22d.	LOCATION (C ty Town, or county)	(Stote)
1	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	14 W/ N 240. REC'D 6Y	BA L TO REGISTRAR'S SIGN	MD.
	chin J. Connelly - Essel	MAL DATE 22	2 58 () 2 2	

BUREAU K. S.

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VS A15 (4) 15M 10/57 00417

421 CERTIFICATE OF DEATH

Rea. Dist. No.

									want.	71, 710,	
1. PLACE OF DEATH 0. COUNTY	ltimore		MARYL		2. USUAL RESID a. STATE Balti	more Mar	vland	institutio OUNTY	on: Residen	ca befare c	idmission)
b. CITY OR TOWN (II	outside corporate limit	s, write	c. LENGTH OF STAY IN	ч 1ь	c. CITY OR TO	OWN (If autside c	arporate limits.	write R	JRAL and s	give neares	f fawn)
RURAL and give ne Catonsvi			2 Nos.			sville					
d NAME OF HOSPITA	AL (If not in hospital, g	ive street			/ d. STREET AC					e l	S RESIDENCE
OR INSTITUTION 1630 Edm	ondean				1630	Edmondso	n Ave-				ON A FARM?
3 NAME OF	Fire	1	Middle		lost	4. DA		Man	4.	Dov	Year
(Type or print)		ne F	G		ington	OF		_	ary :	22	1958
5 SEX	6 COLOR OR RACE	7 MARI	RIED 🔼 NEVER MARRIED	B.	DATE OF BIRTH		9. AGE (II	n years thday)			UNDER 24 HRS
Female	White	WIDOW		_ ;	July 14		72	угз	MOINIS	Doys In	DUTS Min
00 USUAL OCCUPATIO	N (Give kind of work of ing life, even if retired)	iane 10b.	KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPLA	CE (State ar farei	gn cauntry)		12 CIT	IZEN OF Y	VHAT COUNTR
Housewif			Home		Irvin	gton, Vi	rginia		1	U.S.A	
3. FATHER'S NAME					14. MOTHER'S						
Spencer	George				Marga	ret Jone	S				
WAS DECEASED EVER	IN U S. ARMED FOR		SOCIAL SECURITY NO.	17 INF	ORMANT			Addr	eis		
No No	If yes, give wor or dates of se	LANCO]		Mr	s. Geor	ge Mello	r 1630	Edr	nonds	on Av	8.
		use per li	ne for (a), (b) and (c)]							INTERV.	AND DEATH
	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)		Acute Ca:	rdie	c Fail	ure				1	day
450.0	DUE TO										
Canditions, if an	y, which) (b)	Cen	eralized .	Arte	rio-S	lerotio	Dise	8.58		5	vrs.
gove rise to in cause (a), stating t											
lying cause lost.	(c)										
PART II OTH			CONTRIBUTING TO DEAT	H BUT N	OT RELATED TO	THE TERMINAL DIS	EASE CONDITI	ON GIV	EN IN PART	[](a)]9 \	VAS AUTOPSY
5										P	ERFORMED?
O THE FIRMER MOTIES	S UNDERLYING D CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY OC	CURRED	(Enter nature of	injury in Part Far	Part II af item	16.)			
20c. TIME OF INJURY Haur a. m. p. m.	Month, Day, Yeo	While	NJURY OCCURRED 2 Nat while k at work	0e. PLAC facta	E OF INJURY (H ry, street, affice	ome, farm, 20f. bldg., etc.)	(City or tawn)		(C	County)	(Slate
21. 1 certify the	at I attended the	decens	ed fram12-	10-	. 19 57	to 1-8	12-	10.58	that I I	last saw	the deceas
alive an	1-22-58		and that a			5A 44 6	rom the	17222	and an all	os dete	the deceas
diffe dil	7	0	, uno indi c	Jean C	/		ram the ca \$>(Street, city o			ne date :	stated abov
ACTUAL SIGNATURE	oreght ?	-a	Warts)M.	0. 67	9Wayl	my/n	fil	11-1	Tali	June 30
PHYSICIAN'S NAME (Type	r. Joseph	G. Le	aukaitis		679	Washing	ton Box	ılev	ard		
20. BURIAL, CREMATION REMOVAL (Specify)	N. 22b DATE THEREO	F	22c NAME OF CEMET	ERY OR			CATION (City				(State)
B urial	Jan. 24,	1958	Home Ceme	tery	7	Ir	vingtor	V-	ircini	ia	
3. FUNERAL DIRECTOR'S			ADDRESS		1	24a. REC'D BY RE	GISTRAR 24	REGIS	THAR'S SIG	NATURE	
Elmore & Ha	ynie Funera	al Ho	me. Kilmarr	ock.	Va -	DATE JAN 2	3 '58 1	ULL'-	hedi	LL A	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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Item: ERTIFICATE OF DEATH Rea. Dist. No PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) filed o. COUNTY D STATE **b** COUNTY MARYLAND funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY/OR TOWN (If outside corporale limits, write RURAL and give nearest lown) RURAL and give nearest lown) should d. NAME OF HOSPITAL (If not in Jospital, give street address) d STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NAME OF First DATE Month/ Middle Loss Year DECEASED (Type or print) DEATH 19 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years IF UNDER TYEAR IF UNDER 24 HRS (hdoy) Days Months Hours WIDOWED [7] DIVORCED | YES. 16. USUAL-QCCUPATION (Give kind of work done) 106. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during post of working life, even if retired) 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** ģ Chy Canditions, if ony, which signed gave rise to immediate **DUE TO** couse (o), sloting the underlying couse los! PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 7 20a ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. IEnter nature of injury in Port I or Port II of item 18.3 certificate OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) S 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. [City or town) (County) (State) foctory, street, office bldg., etc.) Haur a. m While Not while D. m of work of work 12 195 Shot I last saw the deceased 21 | certify that | attended the deceased from and that death occurred at 10 alive on PM, from the causes and an the date stated above. DIRECTOR: DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) FUNE DURIAL CREMATION. 22c NAME OF CEMETERY OR CREMATORY LOCATION (City, fown, or county) (State) REMOVAL (Specify) 0 ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/5S

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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may be retained by the haspitat ar attending physician.

TO FUNER SIRECTOR: After this certificate has been signed by the attending physician and campletely filled it, by the funeral director, page 3 sward be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 d 2 shauld be filed with the registral prior to burial, cremation, ar remaval, and in any event within 72 hours ofter death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours after death. Page 4 VS A15 (4) 15M 9/SS

		24	U					Reg. D	ist. No.		
1. PLACE OF DEATH © COUNTY Balt			MARYL	li li	USUAL RESIDENCE (Who o. STATE Md.	ere decesse	d lived If institut b. COUNTY			odmiss	ian)
b. CITY OR TOWN (I RURAL and give no	f autside corporate limi	its, write	c. LENGTH OF STAY IF	ч 1ь	c. CITY OR TOWN (IF at		orate limits, write	RURAL ond	giva neor	est towr	1)
d. NAME OF HOSPIT OR INSTITUTION	At (If not in hospitol, of Torner Rd.		oddress)		d. STREET ADDRESS	rner	Rd.				IDENCE FARM?
3. NAME OF DECEASED (Type or print)	JAMES	'at	Middle E.	VARII	VA, Sr.	4. DATE OF DEATH	Mo	an.	28		Year 19 58
5. SEX	6. COLOR OR RACE	7 MARI	RIED NEVER MARRIED		ATE OF BIRTH	7	9. AGE (In years lost birthday) 70 yrs	Months	Deys	Hours	R 24 HRS. Min
10g. USUAL OCCUPATIO	ON (Give kind of working life, even if retired	dane 10b.	KIND OF BUSINESS OF						TIZEN OF	WHAT	COUNTRY?
13. FATHER'S NAME			-	1	MOTHER'S MAIDEN N	IAME					
Condon E.					Martha R.	Buck	ey				
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFO		_		iress		4.0	
no				Mr.	James E. Va	rina,	Jr 4	7179 W	arbl	e Ha	III Rd
PART I. DEA	TH [Enter only one co TH WAS CAUSED BY. IMMEDIATE CAUSE (o	10	ine for (a), (b), and (c).]	12/09	ď				ONSE	T AND	DEATH
Canditions, if or gave rise to it cause (a), stating lying cause last.	mmediate (Ca	releage n	s (1	Amorton T	1/3 40	{ *		10	e' 4	¥3;
PART II. OTHER			CONTRIBUTING TO DEAT	H BUT NO	FRELATED TO THE TERMIN	NAL DISEAS	E CONDITION GI	VEN IN PAI	1	PERFO	AUTOPSY RMED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	20b. DES	CRIBE HOW INJURY OC	CURRED (E	nter nature of injury in P	art I or Por	t II of item 18)				
20c. TIME OF INJUR Have a. m. p. m	Y Month, Day, Ye 19	While		factary	OF INJURY (Hame, farm, , street, affice bldg., etc	}			County)		(State)
21. I certify th	at I attended the	deceas	sed from Jan	24	, 19 5 7 to 40	, v. J.	0 19.12	₫,that I	last sa	w the	deceased
actual SIGNATURE		- F	and that o	leath oc		ADDRESS (S	treet, city or town,	state)			ed above. ATE SIGNED
PHYSICIAN'S CONAME (Type)	eorge E. S	hanno	on, M. D.		Ba	1+1-	morrie	1	N	of a	
220. BURIAL, CREMATIO REMOVAL (Specify) Burial)F	Zc. NAME OF CEMET		EMATORY		HON (City, town,	,,		(State	•}
23 SUNERAL DIRECTOR	SERVICE SICKLUS	· Y,	lery Be	ete	17 Mu SANAN	2 9 58	RAR 246 REG	ISTRAR'S SI	GNATURE		
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A15 (4) 1SM 9/SS

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# PRO	the funeral director, should be filed with
	by the funeral director
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00425

L		4	29	CEKIIF	·ICA	IE OF DEA	AIH			Reg. D	ist. No.		
1,	PLACE OF DEATH o. COUNTY	Baltimore		MARYL	AND	2. USUAL RESIDENC 6. STATE	E (Whe		lived. If institution b. COUNTY		time		iion)
	B CITY OR TOWN (IF RURAL and give ne Catons v	outside corporate timi orest town) 1116	ls, write	c. LENGTH OF STAY IN	df 1	c. CITY OR TOWN		tside corpor VILLE	ole limits, write R	URAL ond	give nec	rest tow	n)
	OR INSTITUTION	182 Winte	ive street PS Ls	oddress)		d street Addre		s Len	В			ON A	FARM?
3.	NAME OF DECEASED	Fir	at	Middle		Lost		4. DATE OF	Mon	th	Do	у	Year 58
	(Type or print)	Dora		H.		Wade		DEATH	Januar	y	4	j E	19 - 51
	SEX		7. MARR	HED LINEVER MARRIED	8	DATE OF BIRTH			9. AGE (In years				ER 24 HRS
JE:	remale	Colored	WIDOWI	DIVORCED		June 13,19	915		lost birthday) 42 yrs	Months	Days	Hours	Min.
110	during most of working HOUSE	N (Give kind of work of ing life, even if retired WIIE	done 10b.	KIND OF BUSINESS OR Domestic	INDUST	RYIII BIRTHPLACE (r foreign co	untry)	12. CI	_	S.A.	COUNT
13	. FATHER'S NAME					14. MOTHER'S MAIL	DEN NA	ME					
L	G	eorge C.Ki	ng			Clar	a S	mith					
115	. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. IN	FORMANT			Addi	ress			
1,	'es, no. 45 uninown)	If yes, give wor or dates of s	ervice]		Ja	mes Wade			Sai	me			
	PART I. DEAT Lift / X Conditions, if on gove rise to in cause (o), stoling to lying couse lost.	TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO y, which) mediate (- Q.	re for (o). (b), and (c).)	il	bulmon	na	les 1.			ONS	ET AND	DEATH
CERTIFICATION	PART II OTH			CONTRIBUTING TO DEAT						EN IN PAI	(o) T	PERFC	AUTOPSY DRMED?
		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	20b. DES	CRIBE HOW INJURY OF	CURRED	(Enter noture of injur	ery in Po	ort I or Port	11 of item 18.)				
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	f Month, Day, Yee	While	NJURY OCCURRED 2 Not while	Oe. PLAI	CE OF INJURY (Home ory, street, office bldg	, form, g., etc.)	20f (City	or town)	(County)		(Stole
	21. I certify the alive on	locken hu	deceas 18.	7/	deoth	, 19.57, to accurred at	200	M, from	the causes a set, sity or town,				
27	NAME (Type) /	Y, 22b. DATE THEREC	F .	22c NAME OF CEMET				22d. LOCATI	ION (City, Iown, o	of county)		(Stol	e}
L	REMOVAL (Specify) BUT181	Jan.8,19	58	Baltimore	Mat	conal Cem.		Balti	imore	Mar	ylan	d	
23	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS]	LOCO	24a.	_	BY REGISTA	F 1	TRAR'S SI	GNATU	5	
	FIROY C.	WILSON FUN	FRAL	HOLE Brant	Ter	A TONILO DAT	re (I)	AN 1 0	'58 P	2 8	n,	7	

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VS A15 (4) 15M 9/55

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1 PLACE OF DEATH o. COUNTY	Baltimore	3	MARY	rland .	2. USUAL RESIDENCE (Who o STATE	ere deceased fr	b COUNTY	n Residence be	fore admiss	ion)
b. CITY OR TOWN (I	Foutside corporate lim	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If o	utside corporati	e limits, write RU	RAL ond give r	nearest town)
RURAL and give ne	tonsville	3	5 yrs	3	Re1	timore		*	ė.	
d NAME OF HOSP T	At Ilf not in hospital	Tive street			d. STREET ADDRESS	021-02		1607	e. IS RES	IDENCE
	House in	The	Pines		3000 Reist	erstow	m Rd		ON A	FARM?
3. NAME OF	Fill AVE		Middle		Lost	4. DATE				
(Type or print)	Fred		G	Wa	llenstein	OF DEATH	Jan	9	/	y 5 8
5. SEX		7. MARR	IED NEVER MARRI		8 DATE OF BIRTH		I made to be to be to be to be	FUNDER 1 YE		
Male	A	WIDOWE	DIVORCE	: D	Mar 15,1868	8	39 угь.	Moghs 25%	Hours	Min
during most of work	DN (Give kind of work ling life, even if relired	1			stry 11. BIRTHPLACE (Shole only Baltimor	•	try)	12 CITIZEN	OF WHAT	COUNTRY?
13. FATHER'S NAME					14. MOTHER'S MAIDEN N	-				
S	olomon Wa	aller	nstein		Din	a Ricl	kenbere	er		1-0
15. WAS DECEASED EVE			SOCIAL SECURITY NO	. 17 1	NFORMANT MISS W	illma	Addre	Druid	Pk	Apt-A
	If yes, give wor or dotes of s		L8-05-095	6 7	allenstein	30	000 Rei	sters	town	Rd
1 1	TH [Enter only one co	use per lin	ne for (o), (b), and (c).	1 1	, , , , , , , , , , , , , , , , , , ,	4		11	ITERVAL BE	TWEEN
PART I, DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	1/22	gocarde	<u>e/ 1</u>	Cetton lines	20 Lisza			22	21.
44	7/ × DUE TO	/	7/	-		, ,	_			
Conditions, if a		Cher	me Haller	low	sum Grafico Va	ranke	, Benel	Ducies	15%	267
gave rise to in			/							
lying cause lost.) («	:)								
PART II. OTH	IER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE C	ONDITION GIVE	N IN PART 1(a)	19 WAS	AUTOPSY
3									YES	RMED?
PART II. OTH	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY O	CCURRE	D. (Enter nature of injury in P	ort I or Part II	of item 18.)			
3 20c. TIME OF INJUR	Y Month, Doy, Ye	ar 20d. IN	JURY OCCURRED	20e. PL	ACE OF INJURY (Home, form,	20f. (City or	lown)	(Count	v1	(State)
20c. TIME OF INJUR	19	While at work	Not while	fa	ctory, street, office bldg., etc.			,	"	(0.0.0)
				/ /	Y' 1	9				
	at I attended the		and the second							
alive an	/	, 192	and that	death	accurred at 2059					
ACTUAL SIGNATURE	ames he	Lei	lleger		M.O. 6209 Jun	aderi	t, city or town, st	ate) -	1-20-	TE SIGNED
PHYSICIAN'S NAME (Type)	olmer N.	Ga	llager		Balter	7018 -	2.8,20	1.		
220 BURIAL, CREMATIO REMOVAL (Specify) BUTIAL	1-12-58		Baltimor				N (City, town, or	7.0	(State	•)
23. FUNERAL DIRECTOR'	S SIGNATURE	1111	ADDISES!	22		BY REGISTRAI		MATY L		
David R. M	artin. 1	902	rutaw Pla	17	DATE JA		0	,		
	WA VALLE A	JUN	RACON LIE	100	DAIE *71	1 3 38		- 200 111		

DECENTED V. S. VILLEAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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1. PLACE OF DEATH a. COUNTY B. CHY OR TOWN (if onlinks capporate limit), write b. CHY OR TOWN (if onlinks capporate limit), write B. CHY OR TOWN (if onlinks capporate limit), write b. CHY OR TOWN (if onlinks capporate limit), write B. CHY OR TOWN (if onlinks capporate limit), write b. CHY OR TOWN (if onlinks limit) c. CHY OR TOWN (if onlinks limit) c. CHY OR TOWN (if onlinks limit) b. CHY OR TOWN (if onlinks) c. CHY OR TOWN	216	CERTIFIC	ATE OF DEATH	1	Reg. Dist. No.	
B. CITY OR TOWN If enable corporate limits, write BLRAL and give necessary lown) B. CITY OR TOWN If enable corporate limits, write BLRAL and give necessary lown) ALAL ORD GIVE CONTROL (If not in haspitol, give street address) A. STREET ADDRESS B. STREET ADDRESS A. STREET AD	1. PLACE OF DEATH		2. USUAL RESIDENCE (Wh		n. Residence before	admission)
BURLAL and gove necessed terms d NAME OF POSSITAL (If not in hospital powe street oddress) d. STREET ADDRESS of NAME OF POSSITAL (If not in hospital powe street oddress) J. S. SER NAME OF POSSITAL (If not in hospital powe street oddress) J. S. SER NAME OF POSSITAL (If not in hospital powe street oddress) J. S. SER NAME OF POSSITAL (If not in hospital powe street oddress) J. S. SER NAME OF POSSITAL (If not in hospital powe street oddress) J. S. SER NAME OF POSSITAL (If not in hospital powe street oddress) J. S. SER NAME OF POSSITAL (If not in hospital powe street oddress) J. S. SER NAME OF POSSITAL (If not in hospital powe street oddress) J. S. SER NAME OF POSSITAL (If not in hospital powe street oddress) J. S. SER NAME OF POSSITAL (If not in hospital powe street oddress) J. S. SER NAME OF POSSITAL (If not in fasted) J. S. SER NAME OF POSSITAL (If not in fasted) J. S. SER NAME OF POSSITAL (If not in fasted) J. S. SER NAME OF POSSITAL (If not in fasted) J. S. SER NAME OF POSSITAL (If not in fasted) J. S. SER NAME OF POSSITAL (If not in fasted) J. S. SER NAME OF POSSITAL (If not in fasted) J. S. SER NAME OF POSSITAL (If not in fasted) J. S. SER NAME OF POSSITAL (If not in fasted) J. S. SER NAME OF POSSITAL (If not in fasted) J. S. SER NAME OF POSSITAL (If not in fasted) J. S. SER NAME OF POSSITAL (If not in fasted) J. S. SER NAME OF POSSITAL (If not in fasted) J. S. SER NAME OF POSSITAL (If not in hospital power in fasted) J. S. SER NAME OF POSSITAL (If not in hospital power in fasted) J. S. SER NAME OF POSSITAL (If not in hospital power in fasted) J. S. SER NAME OF POSSITAL (If not in hospital power in fasted) J. S. SER NAME OF POSSITAL (If not in hospital power in fasted) J. S. SER NAME OF POSSITAL (If not in hospital power in fasted) J. S. SER NAME OF POSSITAL (If not in hospital power in fasted) J. S. SER NAME OF POSSITAL POSSITAL POSSITAL POSSITAL POSSIT	130/to	MARYLAND	md	b. COUNTY	13017	£ ,
d NAME OF DISTRICT (Pro 1 in hospital, give street address) J. NAME OF DISTRICTION (INSTRUCTION) J. NAME OF DISTRICTION (INSTRUCTION) J. NAME OF DISTRICTION (INSTRUCTION) J. SEX J. G. COLOR OF BACE [7. MARRIED THE WIDOWED] J. SEX J. G. COLOR OF BACE [7. MARRIED THE WIDOWED] J. SEX J. G. COLOR OF BACE [7. MARRIED THE WIDOWED] J. SEX J. G. COLOR OF BACE [7. MARRIED THE WIDOWED] J. SEX J. G. COLOR OF BACE [7. MARRIED THE WIDOWED] J. SEX J. G. COLOR OF BACE [7. MARRIED THE WIDOWED] J. SEX J. G. COLOR OF BACE [7. MARRIED THE WIDOWED] J. SEX J. G. COLOR OF BACE [7. MARRIED THE WIDOWED] J. SEX J. SEX J. G. COLOR OF BACE [7. MARRIED THE WIDOWED] J. SEX J. SEX J. G. COLOR OF BACE [7. MARRIED THE WIDOWED] J. SEX J. SEX J. G. COLOR OF BACE [7. MARRIED THE WIDOWED] J. SEX J. SEX J. G. COLOR OF BACE [7. MARRIED THE WIDOWED] J. SEX J. SEX J. SEX J. J. SEX J. SEX J. J. J. SEX J. J. J. SEX J. J. J. SEX J. SEX J. SEX		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate limits, write Rt	JRAL and give neare	est Iown)
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100 USAL OCCUPATION (Give kind of work done) 100 KIND OF BUSINESS OR INDUSTRY 11 DIRTHPIACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, seren it retarted) 12. FATHER'S NAME 13. FATHER'S NAME 14. MOST-RESS NAME 14. MOST-RESS NAME 12. CITIZEN OF WHAT COUNTRY 13. FATHER'S NAME 14. MOST-RESS NAME 15. WAS DECEASED FIVE IN U. S. ARNED FORCES; 16. SOCIAL SECURITY NO 17. INFORMANT 17. INFORMANT 17. INFORMANT 17. INFORMANT 18. MOST-RAND DEATH 18. MOST-RAND DEA	70,007	1. W.	LO DATE OF BIRTH	34111	IE UNIDED I VEAR III	
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It yes, gar war or doine of tempted 2/6 (5 4/54/11) & 2	James H. W.	lish	Müry	AltalL		
IB. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: MANEDIATE CAUSE ID. DUE TO Conditions, if ony, which gove rise to immediate couse (c), staining the under typing couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19, WAS AUTORY YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19, WAS AUTORY YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19, WAS AUTORY YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19, WAS AUTORY YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19, WAS AUTORY YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19, WAS AUTORY YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19, WAS AUTORY YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF PART I(o) 19, WAS AUTORY YES NO PART II. OTHER SIGNIFICANT COURSED BY REGISTRAR SIGNATURE ADDRESS (SIGNATURE ADDRESS SIGNATURE		SOCIAL SECURITY NO 17.	INFORMANT	Addr	ess	
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DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the under- lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1(o) PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1(o) PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1(o) PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1(o) PART II. OTHER SIGNIFICANT CONTRIBU		e for (o), (b), and (c).]	- PA		INTER	VAL BETWEEN
Conditions, if any, which gove rise to immediate couse (a), stating the under tyring couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES DUE TO 200. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 200. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 200. CONTRIBUTING COME TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY COCURRED. (Enter nature of injury in Port I or Port II of item 18.) 21. I certify that I attended the deceased from Order of injury in Port I or Port II of item 18.) 220. CONTRIBUTION GOVE TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY (Home, form, 201. (City or fown) (County) (Count		arcinoma	- 0/ Fromas	eli		
gove rise to immediate couse (a), stating the under-lying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES OR ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH II of ITEM IB.] 20c. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF DEATH II of ITEM IB.] 20c. ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH II of ITEM IB.] 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While of work of foctory, street, office bldg., etc.] 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.] 21. I certify that I attended the deceased fram larg. 27., 1955, to Jam 5., 1956, that I last saw the deceased alive an Jam 5., and that death occurred at 0.00 P. M., from the causes and on the date stated obove and the last stated obove large and of the date stated obove last signature. 22. BURIAL CREMATION. 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Slote) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS (24a REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE) 24. REGISTRAR 24b REGISTRAR'S SIGNATURE	15 / X, DUE TO					
Couse (a), stating the under tying couse last. Couse (b), stating the under tying couse last. County						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? 20c. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) 21. I certify that I attended the deceased fram [12.9.2.7., 195.5., to Jan. 5., 1928. that I last saw the deceased alive an 19. and that death occurred at 19. A. A. T.	couse (a), stating the under-					
PERFORMED? YES NO D TO ACCIDENT WAS UNDERLYING D OR CONTRIBUTING C AUSE OF DEATH OF CONTRIBUTION C AUSE OF DEATH OF CONTRIBUTIO			<u></u>			
County C	PARY II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BE	UT NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE		PERFORMED?
Hour a.m. p. m. 19 While of work of	206. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TRIBE HOW INJURY OCCUR!	RED. (Enler noture of injury in f	ort I or Port II of Item 18.)		
21. I certify that I attended the deceased fram ling. 27, 1955, to Jan 5, 1958, that I last saw the deceased alive an Jan 5, and that death occurred at 8,000 P. M., from the causes and on the date stated above parts ignature. ACTUAL SIGNATURE ROSSERCMD 220. BURSHINGTON, 22b. DATE THEREOF PROVING PROVING REMOVAL (Specify) PEMOVAL (Specify) 121. I certify that I attended the deceased fram ling. 27, 1955, to Jan 5, 1958, that I last saw the deceased alive and Jan 5, 1958, that I last saw the deceased fram ling. 1958, and that death occurred at 8,000 P. M., from the causes and on the date stated above parts if your last signature. ACTUAL SIGNATURE ROSSERCMD 220. BURSHINGTON, 22b. DATE THEREOF PROVING PROVIN			PLACE OF INJURY (Home, form	, 20f. (City or town)	(County)	(Stole)
alive an Jan 5, 1958, and that death occurred at \$100 P. M. from the causes and on the date stated above ADDRESS (Street/City or town, Note) ACTUAL SIGNATURE ADDRESS (Street/City or town, Note) PHYSICIAN'S C. ARTHUR ROSSERC M.D. PHYSICIAN'S C. ARTHUR ROSSERC M.D. AME (Type) PHOVAL (Specify) JUN 9, 1458 ADDRESS ADDRESS 1240 RECID BY REGISTRAR 240 REGISTRAR'S SIGNATURE	White of worl		roctory, street, office plog., etc.	1		
ACTUAL SIGNATURE ACTUAL CONTINUES MILES MI	21. I certify that I attended the decease	ed from aug. 5	27 . 1955. 10	an 5 , 1958	"that I last sav	w the deceased
ACTUAL SIGNATURE A. CALLULA COSTUCIO M.C. M.D. M.D. JAY 36 Weshington Blood Balts 30 17/58 PHYSICIAN'S C. ARTHUR ROSSBERG M.D. 220 BURIAL CREMATION, 127b. DATE THEREOF 122c NAME OF CEMETERY OR CREMATORY 122d. LOCATION (City, town, or county) 151010 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 124g. REGISTRAR 124b. REGISTRAR'S SIGNATURE	alive on Jan 5 , 185	8, and that dea	th occurred at 8 00 P	_M, from the causes a	nd on the date	stated above
SIGNATURE 21. CALLULES CONTROLLED AND CONTROLLED AN	1 Marson	0 10	(./	ADDRESS (Street City or town,	yole)	DATE SIGNED
NAME (Type) C - 77R7 HUR C - 538 F C - 1/2	SIGNATURE A. WILLIAM COST	veg M.J.	MD 2436 Wa	slung for Blod,	Balls 30	17/58
PEMOVAL (Specify) 141. 4,1458 Weed awn Vocal awn 123. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1246 REC'D BY REGISTRAR 340 REGISTRAR'S SIGNATURE	PHYSICIAN'S C. ARTHUR RO	SSBERG	MD		lud	/ <u>.</u>
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1240 RECID BY REGISTRAR 24D REGISTRAR'S SIGNATURE		22c NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (City, town, o	r county)	(Stote)
	1. 1, in 1 Jun. 7,1958				Wn	Hel
Ichil Jansburg - 6411 Windson Y) 1 150 DATE JAN 9 158 1 CC Con.	11 7 01 1 111	Marit de	M M P M JEST	D BY REGISTRAR 345 REGIS	1	

VS A15 (4) 15M 10/57

BUREAU V. &

DECEIVED PRI

00428

407				Reg. Dist. No	D
1. PLACE OF DEATH COUNTY Baltimore MAR	2. USUAL R	ESIDENCE (Where do	ceased lived. If institution b. COUNT		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) OWINGS WILLS		rings hil	corporote limils, write	RURAL and give ne	earest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 121 S. Ritters Lane	11.0	ADDRESS 1 S.Ritt	ers Lane		IS RESIDENCE ON A FARM? YES NO
3. NAME OF First Midd DECEASED (Type or print) Helen Marguerit		Lost 4. D	E	O,1958	lay Yeor
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCE DIVOR	ED July 2	0,1888	lost birthday		
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS during most of working life, even if retired) Housewife		Md.		_ U.:	
WALLY ANY NATION	Ayrs	r's maiden name 上灯/写色外色	Mary General/Boyleri	va Scheib	leln
15. WAS DECEASED EVER'IN U.'S ARMED FORCES? 16. SOCIAL SECURITY N NO NO NO NO NO NO NO NO NO		ert W.Fo	wble, Owi	ddress .ngs l.11	ls,md.
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalize	•			INI ON	TERVAL BETWEEN ISET AND DEATH 4 yrs.
Conditions, if any, which gave rise to immediate couse (a), stoting the under-lying couse lost. DUE TO (b) C1rrhosis (b) C1rrhosis (c)	of liver	with Por	tol Hype	rtension	n 10 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D 100 CONTRIBUTING CONTRIBUTIONS CONTRIBUTING TO D 100 CONTRIBUTING CONTRIBUTIONS CONTRIBU				IVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO 🔀
		_			
20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour a. p. None 19 While Not while of work at work	20e. PLACE OF INJUI	Y (Hame, farm, 20f, fice bldg., etc.)	(City or town)	[County]) (Stole)
21. I certify that I attended the deceased from NOV	t death accurred	7. to Jan 016:30AM,	fram the causes SS (Street, city or tow	and an the do	
PHYSICIAN'S D. D. Coples, M. D.	 м.р. <u>6</u> R	<u>Hanover</u> eisterst		P P 4+ 4+ 4+ 10 10 10 10 10 10 10 10 10 10 10 10 10	1-11-58
	METERY OR CREMATOR		OCATION (City, lown Owings M		(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	10 11111		OWLINES II.		

TO HOSPITAL OR ATTENDING PHYSICIAN: The flow requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERALY RECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 st. be detached for use as the burial-transit permit. Then please remays carbon papers. Pages 1 1. 2 should be filled with the registrar riar to burial, cremation, ar remayal, and any event within 72 hours after death. VS A15 (4) 15M 9/55

. 1



22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

Baltimure National

Fort Heward, Maryland

22d. LOCATION (City, town, or county)

Maryland

24b. REGISTPAR'S SIGNATURE

Baltimora.

(State)

FUNE 0

NAME (Type)

BURIAL, CREMATION.

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR DATE JAN 1 4 '58 Home 6009 Harford Rd., WILLIAM Cook-Blight

22b. DATE THEREOF

BUREAU V. S.

rt vi NV.

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VS A15 (4) 15M 10/57

LTIMORE, 1

433 CERTIFICATE OF DEATH

00430

	43	<u> </u>	CERTII	1071	E OF DEAT				Reg. Di	st. No.		**
1 PLACE OF DEATH 0. COUNTY	Baltimore		MARYE	- 1	usual residence (vo. STATE Mary	Where dece		If institution COUNTY	m Residen Bali			sion)
b. CITY OR TOWN (RURAL and give a Catonsv		ils, write	c. LENGTH OF STAY IN 2mths4dys	116	Reisters	f outside co	Md.	nits, write RL	JRAL and	give nec	rest town	n)
OR INSTITUTION	TAL (If not in hospital, g ROVE STATE		oddress) SPITAL		d street address Deer Parl	k Roa	d					FARM?
3. NAME OF DECEASED (Type or print)	L ^u ra		Middle May		Whalen	4. DA		Jan	h uary	24	,	Yeor 1958
female	white	WIDOWE			Feb. 23, 1	883	1 7	E (In years birthday) i yrs.	Months	1 YEAR Days		
10a. USUAL OCCUPATION during most of wor hou sew.	king life, even if relired	done 10b	KIND OF BUSINESS OR	INDUSTRY	Marylan		in conntry)			S.		COUNTRY
13. FATHER'S NAME				1	4 MOTHER'S MAIDEN	NAME						
John	n Harry				Susan	Barn	es					
15. WAS DECEASED EVE (Yes, no. or unknown) NO	R IN U. S. ARMED FOR Jll yes, give war or dates of s	acuted.	SOCIAL SECURITY NO 13-18-899	17 INFO		ING G	ROVE	STAFE		SPI:	CAL	
PART 1. DEA	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: [MMEDIATE CAUSE (a)] Arteriosclerotic cardiovascular disease Conditions, if any, which] [b] Arteriosclerosis, generalized											
gave rise to i cause (a), stating tying cause lost.	the <u>under-</u> DUE TO)										
5	HER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEAT	H BUT NO	T RELATED TO THE TER	MINAL DIS	EASE CON	DITION GIVE	N IN PART	[1(a) 1	PERFO	AUTOPSY RMED?
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206 DESC	CRIBE HOW INJURY OCC	URRED. (E	inter noture of injury i	n Port I or	Part II of i	tem 18.)	•			
20c TIME OF INJUR Hour a, m. p. m.	Y Month, Day, Yea	20d. It While of worl	Not while	De. PLACE factory	OF INJURY (Home, fo , street, office bldg., e	etc.)	City or tow		(0	ounly)		(State)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Jan. 24 Fulla Stella Wach	Waster,	M. D.	M.D.	Catonsv	5am, for ADDRESS GROVE	5 (Street, ci STA 28, M	Causes ai	nd an the trace) USPII		e state	24-58
Burial		,58	DeerPark	Cen	etery	R	eist	ersto	OWN	_ Mo	i.	
23. FUNERAL DIRECTOR		Desi	ADDRESS	16.7		C'D BY REC		24b REGIS		/	E	
a et erriu	e & Sons	ne)	Laterstown	Md.	DATES	110 0	'58	City of	eau	VA.		

BUREAU V. S.

DATES OF

VS A15 (4) 15M 9/55

ARYLAND	STATE DEPARTMENT	OF HEALTH-B	ALTIMORE, 18
434	CERTIFICATE	OF DEATH	

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00431

<u> </u>										Keğ.	DIN. NO.		
1.	PLACE OF DEATH COUNTY Baltimore MARYLAND				- 11	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Prince George's							
	RURAL and give	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Catonsville 6yr2mths20dys			- 13	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore /6 × - 2							
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION SPRING CROVE STATE HOS TTAL					d. street address Pinecrest Sanitarium - 600 S. ves No							
	NAME OF First Middle DECEASED (Type or print) Ellsworth					Chan Wheeler	i	OF DEATH		Month 1	Do	y Ye	2 58
5.	male	6. COLOR OR RAC	7. MAI	RRIED NEVER MARRIED	_	Dec. 3	1		. AGE (In yo lost birthd	eors IFUN oy) Mont	DER 1 YEAR		
100	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trinter Government			INDUST						OUNTRY?			
13.	13. FATHER'S NAME						14. MOTHER'S MAIDEN NAME						
	Joshua Wheeler					Amanda Tipton							
15. (Ye	i, no, qr_unknows) (If yes, give war or dates of service)				ecords:	SPRI	MG CE	OVE	Address STATE	Ungi	PITAL		
\vdash	no			line for (o), (b), and (c).)	111	scorde:	OF IT	NG GI	EO ATA	DIAIE		ERVAL BETY	
7	Conditions, is gave rise to couse (a), stati lying cause to	ng the under-	(6) (6) (7) (6) (7) (7)	erminou fericiclerations emeraliza	r.l	ardie	rios	cles	zosi	5			
CHRTIFICATION	** !			CONTRIBUTING TO DEAT							PART 1(o) 1	PERFOR	
	(IF EITHER, NOT	WAS UNDERLYING A NG CAUSE OF DEAT IFY MEDICAL EXAMINER	296. DE	SCRIBE HOW INJURY OC	CURRED.	(Enter nature at	injury in Po	arl I or Part I	l of item 18.	.)			
MEDICAL	20c, TIME OF IN. Hour a. p. i	p.	While		Oe. PLAC facto	E OF INJURY (F ky, street, office	tome, farm, bldg., etc.)	20f. (City o	r town)		(County)		(State)
	21. I certify	that I attended t	e decea	sed from Oct.	20	. 19.57	, to	1-1/	, 19	58, that	I last so	w the d	eceased
alive an 1=11 = , 19 58, and that death accurred at 6 10 A, M, from the causes and an the date state								te stated	above.				
ADDRESS (Stre							et, city or to STATE	own, state) HOSP	ITAL	DAT /-/	E SIGNED		
		STELLA	W	ACHSLER	2	Cat	msvil	le 28	Mary	land			
226	REMOVAL (Spec	TION 276. DATE THER	195	22c. NAME OF CEMEN	ERY OR	CREMATORY	ten	22d. LOCATIO	ON (City, to	wn, on coun	m	(State)	lan
23.	FUNE AL PRECT	DR'S SIGNATURE	97-0	ADDRESS)	reli	300	940. REC/D	BY REGISTRA	1 6	REGISTRAR'S		(E)	

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BUREAU V. S.

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BECEINED

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II.

MAKTLANI	D STATE DEPAKTA	TENT OF HEALTH	-BALIIMORE,	18					
435	CERTIFIC	ATE OF DEATH		Reg. Dist. No.	1432				
1. PLACE OF DEATH Suffinger	<u> </u>	2 USUAL RESIDENCE (Who g. STATE Maryl	A (Property 19)	ution. Residence before o	dmission)				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Carney	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or		e corporate limits, write RURAL and give nearest town)					
d. NAME OF HOSPITAL (If not in hospital, give street or institution 9606 Harford	et oddress) Rd •	d. STREET ADDRESS	Harford Rd.	1 0	e. IS RESIDENCE ON A FARM? YES NO X				
3. NAME OF First DECEASED (Type or print) Heber	Middle Glenn	Whitehead	OF	anuary 5.	Year 1 9 58				
Male White Wipon	ARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH July 21, 1883	9. AGE (in year lost birthdoy) 71 yr						
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Laspector—Retired Gas & Electric Co. North Carolina 13. FATHER'S NAME									
Leonidus Whitehea		Fannie Balkum							
Yes Spanish Amer. 215-69-9171A Mrs. Nora D. Thitehead 9606 Harford Rd. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)]									
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if any, which gave rise to immediate couse (a), stoling the under- lying cause lost. PART 1. DEATH WAS CAUSED BY: (b) DUE TO (c)	accinom	<i>*</i> 0	te & blads		AND DEATH				
206, ACCIDENT WAS UNDERLYING (1) 206, DE OR CONTRIBUTING (1) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	S CONTRIBUTING TO DEATH BU	tation less	· (ea) 19.	PI	VAS AUTOPSY ERFORMED? S NO				
-Hour a ra Whil	. INJURY OCCURRED 20e. PI	ACE OF INJURY (Home, farm, clory, street, office bldg., etc.)	20f. (City or town)	(County)	(Stote)				
21. I certify that I attended the deceased from 1948, to 1015, 1958, that I last saw the deceased alive on 15. 1958, and that death occurred at 3. 1958, from the causes and on the date stated above ADDRESS (Street, city or town, state) 17/50 DATE SIGNATURE G. M. Bacou M.D. 2818 Taylor Que. Butto. 14-Ma									
PHYSICIAN'S A M A C A C A C A C A C A C A C A C A C	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (City, town,	, or county)	(Stote)				
Burial Jan. 8, 1958	ADDRESS ADDRESS	249. REC'D	Baltimor	re, Md.					

SUREAU V. S.

DECEDAED

5M 9/55

00433

1. PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)									
Baltimore MARYLAND	Maryland b. COUNTY Baltimore									
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest found)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)									
Edgemere	Raltimore									
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS e. IS RES DENCE ON A FARM?									
2320 Ruth Ave.	2320 Ruth Ave. YES NO									
3. NAME OF First Middle	Lost 4. DATE Month Day Year									
170	Nisniewski DEATH 1 - 22 19 58									
5 SEX 6. COLOR OR RACE 7- MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9 AGE (In years IF UNDER 1YEAR IF UNDER 24 HRS.									
Male White WIDOWED DIVORCED	3 - 3 - 1878 79 yrs. Months Days Hours Min.									
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?									
Carpenter Bethlehem Stee	el Poland U.S.A.									
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME									
Francis Wisniewski	Catherine Wisniewski									
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (Yes. no. or unknown) 1 111 you, give wor or doles of service)	NFORMANT Address									
No None I	Mary Wisniewski - 2320 Ruth Ave. #19									
18. CAUSE OF DEATH [Enter only one cause per lime for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH									
PART I. DEATH WAS CAUSED BY: [Valence]	Olelienia 15 neen									
. DUE TO										
Canditions, If ony, which) (b)										
gove rise to immediate cause (i.e., stating the underlying DUE TO										
couse lost. (c)										
PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?									
CAT	YES NO X									
PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 20d. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTIONS CONTRIBUTING CONTRIBUTING CONTRIBUTIONS CONTRIBUTING CONTRIBUTIONS CONTRIB	nter nature of injury in Part I or Port II of (tem 18.)									
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 200. PLAC	CE OF INJURY (Home, form, 120f. (City or town) (County) (Stote)									
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC focts of work of w	pry, street, office bldg., etc.)									
21. I certify that I took charge of the remains described abo	ve, held an Autapsy [], Inspection [X], Inquiry [X], and find that									
A CONTROL OF THE PROPERTY OF T										
SIGNATURE but (Chillein	M.D. CHIEF MEDICAL EXAMINER [
EXAMINER'S / SA DO (0.11.46	ASSISTANT MEDICAL EXAMINER []									
NAME (Type)	DEPUTY MEDICAL EXAMINER A									
220. BUR.AL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 22c. NAME OF CEMETERY OR										
Burial 1-25-58 Sacred Hear 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS /	t of Mary Faltimore, Maryland 246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE									
Walter Dalyowski -10014. Decade	ele fue DATE WAN 2 4 50 1 100 Laures									

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A15 (4) 1SM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

437 CERTIFICATE OF DEATH

00434

Reg. Dist. No.

ı. İ								
)	1. PLACE OF DEATH G. COUNTY Balto MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b COUNTY						
	b CITY OR TOWN (if outside corporate fimils, write RURAL and give nearest town) Sykesville	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Coral Gables						
	d NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION May Pullen Convalescent Home	d STREET ADDRESS 1110 Sevilla Ave. STREET ADDRESS ON A FARM? YES NO						
	3. NAME OF First Middle DECEASED (Type or print) MARGARET C.	WITTE OF DEATH Jan 19 19-58						
	S. SEX female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED D	B. DATE OF BIRTH 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS lost birthday) 87 yrs. Months Days Hours Min.						
	100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife at home	STRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Md •						
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	Valentine Hohlweg	Margaret Knerim						
	(Yes no or unknown) (If yes, give war or dates of service)	rs. Mildred Witte Struven-1110 Sevilla Ave.						
	PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o). Conditions, if any, which gove rise to immediate couse (o), stoting the under-lying cause lost. Cardiai Chrus (b). Cardiai Chrus (b). Cardiai Chrus (c). Curulural R	generalizat, volloporaria to Jun 58						
	PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200 ACCIDENT WAS UNDERLYING TO ACCURRE OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED? YES NO						
		D. (Enter nature of injury in Part I or Part II of item 18.)						
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. 19 While Not while of work 19 to work 19	ACE OF INJURY (Hame, farm, 720f. (City or town) (County) (State) clary, street, office bldg., etc.)						
	alive an 19 mm, 1958, and that death	accurred at 11,3512 M, from the causes and an the date stated above. ADDRESS (Street, city of town, state) DATE SIGNED						
	PHYSICIAN'S NAME (Type)	M.D Seyerme / nec / fours						
	Burial (Specify) 22b DATE THEREOF 22c. NAME OF CEMETERY O							
	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	The The The The The Telephone The Telephone The Telephone						

T'A NVEGUE



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DECENVED V. S. V. UABRUA

00436

				4	39		CERTI	FICA	TE OF	DEAII	H		Reg. E	list. No.	001	
1	o COL	OF DEATH	timore				MARY	LAND	2. USUAL RE o. STATE	SIDENCE (W Maryl		b COUNT		ence befor	re admis	ion)
	b. CITY	OR TOWN (f outside corpo	orote limit	ts, write	c. LENG	TH OF STAY	IN 1b	c CITY O			ota limits, write	RURAL and	give neo	rest tow	n)
		AL and give no					54 das	vs		imore			~ 4	1 1		*
	d. NAI		At (If not in h	ospitol, gi	ive street o	oddress)			d. STREET	ADDRESS					e. IS RES	IDENCE
			Adminis	trat	ion F	lospi	tal		2525	Woodbr	ook Av	renue				FARM?
3	NAME DECEA (Type o	OF SED or print)		Fire			Middle I.		YOUN	ost G	4 DATE OF DEATH	Jamiar		Do:		Year 19 58
S	. SEX		6. COLOR O			ED N	EVER MARRIE	ED 8	DATE OF BI			9 AGE /In years	IF UNDE	RIYEAR		ER 24 HRS
	Mal	.6	Color	ber	WIDOWE	0	DIVORCE	0	6/11/	96		last birthday)	Months	Doys	Hours	Min.
1	Our in	g most of work	ON (Give kind king life, even	of work d			ausiness o				or foreign co	untry]	12. C	U.S		COUNTRY?
		r's NAME			THE C	ulcal	, Arts	DTGF		yland	NAME			0.0	+21.0	
		dward	Vouna								ou Cre	20				
1:			R IN U. S. ARA	MED FOR	CES7 16. 5	SOCIAL SE	CURITY NO.	. 17. IN	ORMANT	rially 1	JOH OTE		dress			
ŧ	Yes	unknown)	HI yes, give wor o	r dates of se	PTYICE)		'-lı662		n.Per.	Vets.A	dmin.	ospital		กมลา	a. Ma	
	4.4		TH (Enter onl TH WAS CAUS IMMEDIATE O		HYPE	ERTEN	SIVE C	-	OVASCU	LAR DI	SEASE	WITH CO	NGEST	ONS	RVAL BE ET AND	TWEEN DEATH NKNOWN
	C	distance of a				LLURE										
200	gav cous lying	ditions, if or e rise to in e (o), stoting g couse last. PART II. OTH	mmediate the <u>under-</u>	(b) DUE TO (c)				ATH BUT N	OT RELATED	TO THE TERM	INAL DISEASE	CONDITION GI	VEN IN PA	RT 1(o) 11	P WAS	AUTOPSY
CATION	gav cous lying	e rise to it e (o), stating to couse last. PART II. OTH	mmediate the <u>under-</u>	(c)	DITIONS CO	ONTRIBUT	TING TO DEA	ATH BUT N	OT RELATED	TO THE TERM	INAL DISEASE	CONDITION GI	VEN IN PA	RT 1(o) 15	PERFO	AUTOPSY PRMED?
CEDVICE ATION	gav cous lying 20o. / OR CO	e rise to it e (o), stoting g couse lost. PART II. OTH BEN	mmediate	(c) INT CONE OSTAT	IC H	ONTRIBUT	TING TO DEA					CONDITION GI	VEN IN PA	RT 1(o) 15	PERFO	RMED?
1 4	gav cous lying 20o. / OR CO	e rise to it e (o), stoting g couse lost. PART II. OTH BEN	THE VIDER SIGNIFICATION OF THE	(c) INT CONE OSTAT	IC H3	ONTRIBUT VPERT RIBE HOV	ROPHY	CCURRED.		of injury in	Port I or Port	II of item 18)	*	RT 1(a) 19	PERFO	RMED?
750715	gav cous- lying 20a. / OR CC (IF EII 20c. TI SIGN)	e rise to it e (o), storing couse lost. PART II. OTH BEN CCIDENT WAS DITRIBUTING HER, NOTIFY ME OF INJUR HOUR a. m. p. m. certify th	TER SIGNIFICA IER SI	(c) NT CONE OSTAT G [] F DEATH MINER) Day, Yea	IC H3 20b DESC While of work decease	ONTRIBUTY PERT RIBE HOV BJURY OC Not of wired from	ROPHY WINJURY OF	20e. PLAC focto	(Enter noture E OF INJURY ITY, street, off 1 , 19 5	of injury in (Hame, formice bldg., etc. 17, to Jan.	Port I or Port 20f (City 20AM, from	or town) 11 19 5 1 the causes	8,Mappe	(County)	PERFO YES	(State)
2	200. Till sign/ Actu sign/ PHYSIN AMI	e rise to it e (o), storing g couse lost. PART H. OTH BEN. CCIDENT WAS DITRIBUTING THER, NOTIFY IME OF INJUR. Hour a. m., p. m. certify th COLXXXX AL ALTURE CIAN'S E (Type) AL, CREMATIO VIAL (Specify) UP 1 a.1	mmediate the under the und	(c) INT CONE OSTAT OBATH MINER) Day, Yea 19 led the	IC HI 20b DESC	ONTRIBUT PERT RIBE HOV JOHN Mot with the control of with the c	ROPHY WINJURY OF CURRED While ork Nevenil and that	20e. PLACE focts Day] death of	(Enter noture E OF INJURY 17, 17, 57reet, off 10, 19, 5 accurred of	of injury in Home, formice bldg., ek. 12:02	Port I or Port 20f (City 2AM, from ADDRESS (Signature)	or town) 11 19 5 1 the causes	8, NOON	(County)	PERFO YES	(State) (State) (State)
2	200. Till sign/ Actu sign/ PHYSIN AMI	PART H. OTH CCIDENT WAS DIFFERENCE OF INJURE HOUR	mmediate the under the und	(c) INT CONE OSTAT OBATH MINER) Day, Yea 19 led the	IC HI 20b DESC	ONTRIBUT PERT RIBE HOV JOHN Mot with the control of with the c	ROPHY WINJURY OF CURRED While ork Nevani and that	20e. PLACE focts Day] death of	(Enter noture E OF INJURY Try, street, off 1 . 19 5 accurred a D. VA	of injury in (Hame, forn ice bldg., etc. 17. to Ja 1. 12:02 H Fort	Port I or Port 20f (City DAM, from ADDRESS (St. Howar 22d LOCAT	or town] It , 19 5 the causes reet, city or town ION (City, town, Baltime RAR 245, REG.	8, NOON	(County)	PERFO YES D	(State) (State) (State) (State)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

Thin 11

within 24

BUREAU V. S.

DE VIEWAIN

VS A15 (4) 15M 9/S5

CERTIFICATE OF DEATH

Req. Dist. No.

1.	PLACE OF DEATH o. COUNTY	NO	2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. STATE b. COUNTY Baltimore								
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chase Chase							URAL ond	give nearest	fown)	
	d. NAME OF HOSPITAL (II not in hospital, give street address) OR INSTITUTION Brinkham Rd.					d. street address Brinkhan	0	e. IS RESIDENCE ON A FARM? YES NO			
3.	8. NAME OF First Middle DECEASED (Type or print) Anna Zielinski					Lost	nth 7 22,	Day Year 22, 19 58			
	SEX 6. COLOR OR RACE 7. MARRII Female White WIDOWEI		To be the transfer of		ATE OF BIRTH 3-14-1895		9. AGE (In years lost birthday) 62 yrs.	Months Months	Doys Ho	NDER 24 HRS.	
10	during most of work House	DN (Give kind of work ing life, even if retired W118	done 10b	KIND OF BUSINESS OR Home	INDUSTRY	11, BIRTHPLACE (Stole		ountry)		S. A	HAT COUNTRY
13. FATHER'S NAME											
36	John Kl		CE e 2 14	COCIAL ASCUBITY NO	NY INIEC	Unko	WIL	4.4.4			
13.	S. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, trop. or unknown) (It yes, give wor or dates of service) None No George Zielinski. Same										
AL CERTIFICATION	PART I. DEA Conditions, if an gove rise to in code (a), stoling lying couse lost. PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	TH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO The which are disched by the under- IER SIGNIFICANT CON SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	o) ii) iii) iii) iii) iii) iii) iii) iii) iii) iii)	ine for (0), (b), and (c).] raiae a Corte a Contributing to Death URRED. (7	NAL DISEAS	E CONDITION GIV 1 II of item 18.)		9 4 L		
MEDICAL	Hour a. m. 19 While of work foctory, street, office bldg., etc.) 21. I certify that I attended the deceased from TG-12, 1945, to Oct 27, 1945, that I last saw the deceased alive an No. 3, 1952, and that death accurred at										
	o. BURIAL, CREMATIO REMOVAL (Specily) Burial FONERAL DIRECTOR	1/25/58		Dak Land OF CEMETE OAK Land ADDRESS Eastern	aura (Cometery	Bal-		STRAR'S SI	nd	Slate

Tall and the

EBET TS NAL

240. REC'D BY REGISTRAR

DATE

-24b. REGISTRAR'S SIGNATURE

ADDRESS

VS A15 (4)

23. FUNERAL DIRECTOR'S SIGNATURE

filed

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0

p

BUREAU V. E.

838 8 13C8

BECENTED